



**Department Application
Ireland**
Bronze and Silver Award



Name of institution	Trinity College Dublin	
Department	School of Medicine	
Focus of department	STEMM	
Date of application	January 2022 (Nov 2021 round)	
Award Level	Bronze	
Institution Athena SWAN award	Date: November 2018	Level: Bronze
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Department application	Bronze	ACTUAL
Word limit	10,000	
- Impact of Covid-19 discussion	+ 500	
- Clinical Staff (joint appointments)	+ 1,000	
(See word count approval emails below)		
Final word limit:	12,000	11,788
1. Letter of endorsement	500	640
2. Description of the department	500	511
3. Self-assessment process	1,000	1059
4. Picture of the department	2,000	2604
5. Supporting and advancing women's careers	6,000	6974
6. Case studies	n/a	0
7. Further information	500	0

Athena SWAN: Application for Extension to Word Count

Dear Louise

Thank you for contacting us on behalf of the School of Medicine, Trinity College Dublin. I can confirm that an additional 1,000 words have been granted for your application to address matters relating to clinical (joint appointed) HSE staff. Your total word count allowance will be 11,500 words. Ensure that you indicate the word count of sections in your application.

Best wishes
Sarah

Sarah Fink

Athena SWAN Ireland National Adviser

At Advance HE we work flexibly to support colleagues have a healthy work/life balance. I'm emailing you now as it works for me. I respect your working arrangements may be different so please respond when convenient for you.

Athena SWAN: Impact of Covid-19

Hi Sam,

I'm sure things are also hectic there with finalising submissions! Yes we still offer 500 extra words to discuss impact of Covid-19 – and there is no need for applicants to formally request this, they should just note it in their submissions.

Best wishes
Sarah

Sarah Fink

Head of Athena Swan Ireland (Acting)

At Advance HE we work flexibly to support colleagues have a healthy work/life balance. I'm emailing you now as it works for me. I respect your working arrangements may be different so please respond when convenient for you.

 **AdvanceHE**



TABLE OF CONTENTS

List of Figures	6
List of Tables.....	8
List of Abbreviations.....	10
1. LETTER OF ENDORSEMENT FROM THE HEAD OF DEPARTMENT	12
2. DESCRIPTION OF THE DEPARTMENT	15
3. SELF-ASSESSMENT PROCESS	20
i. A description of the self-assessment team.....	20
ii. An account of the self-assessment process	23
iii. Plans for the future of the self-assessment team	28
4. A PICTURE OF THE DEPARTMENT	30
4.1. Student data	30
i. Numbers of men and women on access or foundation courses	30
ii. Numbers of undergraduate students by gender	30
iii. Numbers of men and women on postgraduate taught degrees	43
iv. Numbers of men and women on postgraduate research degrees.....	46
v. Progression pipeline between undergraduate and postgraduate levels	49
4.2. Academic and Research Staff Data.....	50
i. Academic staff by grade, contract function and gender: research-only, teaching and research or teaching-only	50
ii. Academic and research staff by grade on fixed-term, open- ended/permanent and zero-hour contracts by gender	56
iii. Academic leavers by grade and gender and full/part-time status.....	61
5. SUPPORTING AND ADVANCING CAREERS	63
5.1. Key career transition points: academic staff.....	63
i. Recruitment	63
ii. Induction.....	70
iii. Promotion	72
5.3. Career development: academic staff.....	76
i. Training.....	76
ii. Appraisal/development review	78
iii. Support given to academic staff for career development	79
iv. Support given to students for academic career progression	83
v. Support offered to those applying for research grant applications	87

5.5. FLEXIBLE WORKING AND MANAGING CAREER BREAKS	90
i. Cover and support for maternity and adoption leave: before leave	90
ii. Cover and support for maternity and adoption leave: during leave.....	91
iii. Cover and support for maternity and adoption leave: return to work ..	92
iv. Maternity return rate	94
v. Paternity, adoption, and parental leave uptake.....	94
vi. Flexible working.....	96
vii. Transition from part-time back to full-time work after career breaks	100
5.6. Organisation and culture	101
i. Culture	101
ii. HR policies.....	104
iii. Representation of men and women on committees	107
iv. Participation on influential external committees	110
v. Workload model.....	111
vi. Timing of departmental meetings and social gatherings	113
vii. Visibility of role models.....	114
viii. Outreach activities.....	117
6. Further information	118
7. Action plan	118

LIST OF FIGURES

Figure 2.1. Structure of Trinity College Dublin. Colours depict gender of Faculty Deans and Heads of Schools	15
Figure 2.2. Structure of School of Medicine	16
Figure 2.3. Key School of Medicine Sites	16
Figure 2.4. Key Research Themes in the School	17
 Figure 3.1. Top: SoM Co-Champions (Prof Dev and Prof Zgaga). Bottom: Self-Assessment Team (Image from a remote meeting)	20
Figure 3.2. Summary of SAT Members' Circumstances and Experiences	21
Figure 3.3. SAT Reporting Lines	24
 Figure 4.1.1. (A) Proportion of students enrolled in UG Medicine; (B) intake (HESA benchmarking category combines Medicine and Dentistry).....	32
Figure 4.1.2. (A) Proportion of students enrolled in UG Occupational Therapy; (B) Intake	33
Figure 4.1.3. Proportion of Occupational therapists, Physiotherapists and Radiation therapists by gender in Ireland	33
Figure 4.1.4 (A) Proportion of students enrolled in UG Physiotherapy; (B) Intake.....	34
Figure 4.1.5. (A) Proportion of students enrolled in UG Radiation Therapy; (B) Intake	35
Figure 4.1.6. (A) Proportion of students enrolled in UG Human Health & Disease; (B) Intake.	37
Figure 4.1.7. (A) Proportion of students enrolled in UG Human Nutrition & Dietetics; (B) Intake.....	38
Figure 4.1.8. Proportion of female postgraduate research students (2016-2020)	46
Figure 4.1.9. Number of PGR students by degree.....	47
Figure 4.1.10. Percentage Full-Time (darker shade) and Part-Time (lighter shade) PGR Students by gender.....	47
Figure 4.1.11. Proportion of female Applications, Offers and Acceptances.....	48
Figure 4.1.12. UG, PGT and PGR Students (2019/20) by gender	49
 Figure 4.2.1. (A) Career Progression Pipeline for Research and Non-Clinical Academic Staff (2020); (B) %F in 3 consecutive years.....	53
Figure 4.2.2. Career Progression Pipeline for Research and Non-Clinical Academic Staff (see Table 4.2.2)	54
Figure 4.2.3. Career Progression Pipeline for Clinical Academic Staff.....	54
Figure 4.2.4. Career Progression Pipeline for Clinical Academic Staff - %F in 3 consecutive years	55
Figure 4.2.5. Permanent (solid fill, incl. contract of indefinite duration, CID) vs. Temporary Contracts (patterned fill)	58
Figure 4.2.6. Proportion of part-time and full-time staff (2020)	60
Figure 4.2.7. Percentage of female leavers based on the nature of the leave	61
 Figure 5.1.1. Non-Clinical Academic Recruitment (2016-2020)	66
Figure 5.1.2. Clinical Academic Recruitment (2016-2020; no Senior Lecturer Consultant recruitment).....	66
Figure 5.1.3. Senior Promotions Data by Grade sought.....	73
Figure 5.1.4. Academic Survey Responses: Would additional support from the School increase your engagement with the promotion process?	74
Figure 5.1.5. Academic Survey Responses: I feel that the School provides good support for promotion	74
 Figure 5.3.1. Stethoscope Ceremony (3rd year Medical students) transitioning into hospital placements.....	84

Figure 5.3.2. PG monthly seminar (February 2021)	85
Figure 5.3.3. Numbers of grant applications per staff member by gender (2017-2019)	87
Figure 5.3.4. Numbers of National and International applications per staff member by gender (2017-2019).....	88
Figure 5.5.1. Staff survey responses: Parental Leave.....	95
Figure 5.5.2. Staff survey responses: Have you requested a flexible working arrangement during your employment in the School?	97
Figure 5.6.1. SoM 2021-2026 Strategic Plan (screenshot)	101
Figure 5.6.2. Gender representation of Chairs and Speakers at annual research conference	114
Figure 5.6.3. Images on the School's website for undergraduate education	115

LIST OF TABLES

Table 2.1. All staff in the School of Medicine (Snapshot, March 2020)	18
Table 2.2. All students in the School of Medicine (Snapshot, March 2020)	19
Table 3.1. School of Medicine SAT	22
Table 3.2. Key SAT Meetings, Activity & Milestones.....	25
Table 3.3. Survey Respondents by Staff Category and Gender	26
Table 3.4. Focus Group Participation by theme and gender	27
Table 3.5. New SAT (future EDI Committee) Working Groups.....	28
Table 4.1.1. Number of undergraduate students	31
Table 4.1.2. Number of non-EU/EEA registered undergraduate students	31
Table 4.1.3. Number of all undergraduate students and intake to Medicine	32
Table 4.1.4. Number of UG students and intake to Occupational Therapy.....	33
Table 4.1.5. Number of undergraduate students and intake to Physiotherapy.....	34
Table 4.1.6. Number of undergraduate students and intake to Radiation Therapy.....	35
Table 4.1.7. Number of undergraduate students and intake to Human Health & Disease ...	37
Table 4.1.8. Number of undergraduate students and intake to Human Nutrition & Dietetics	37
Table 4.1.9. Completion rates (graduating with their initial cohort) and grade achievement; (A) Female and (B) Male	39
Table 4.1.10. UG Attainment Rate (All UG Degrees Combined).....	41
Table 4.1.11. Number of students in Medicine (56-57%F overall) who opted for an intercalated MSc.....	41
Table 4.1.12. Trinity Scholars by programme	41
Table 4.1.13. Postgraduate taught (PGT) Programmes	43
Table 4.1.14. Full-Time (FT), Part-Time (PT) and Online PGT Students.....	43
Table 4.1.15. Applications, Offers and Acceptance Rates for PGT courses	44
Table 4.1.16. PGT Completion Rates	44
Table 4.1.17. Completion by Course (by cluster), larger courses (with 10+ students)	45
Table 4.1.18. Postgraduate Research Students	46
Table 4.1.19. Full-Time and Part-Time Status of Postgraduate Research Students	47
Table 4.1.20. Applications, Offers and Acceptance Rates (PGR).....	48
Table 4.2.1. SoM Staff Grades by Staff Category (ordered by seniority)	50
Table 4.2.2. Non-Clinical Academic Staff	51
Table 4.2.3. Research Staff.....	52
Table 4.2.4. Clinical Academic Staff.....	55
Table 4.2.5. The Contract Status for non-clinical academic and research staff	57
Table 4.2.6. The Contract Status by Gender and Grades (2020). Ref %F taken from Table 4.2.2.....	57
Table 4.2.7. Clinical academic staff by contract type.....	58
Table 4.2.8. Lecturer/Registrars by contract type (by nature temporary).....	58
Table 4.2.9. The Full/Part-Time Employment of non-clinical academic and research staff ..	59
Table 4.2.10. Clinical Academic Staff by Full/Part-Time Employment.....	60
Table 4.2.11. Lecturer/Registrars by Full/Part-Time Employment.....	60
Table 4.2.12. Leavers by nature of leave	61
Table 5.1.1. Non-clinical academic recruitment.....	64
Table 5.1.2. Clinical academic recruitment	68
Table 5.1.3. Lecturer/Registrar recruitment.....	69
Table 5.1.4. Academic (clinical and non-clinical) Central Induction Attendees from SoM	70
Table 5.1.5. Research Staff Central Induction Attendees from SoM.....	71
Table 5.1.6. PMSS Central Induction Attendees from SoM	71

Table 5.1.7. Survey responses regarding induction (all staff categories).....	72
Table 5.1.8. Promotions Data (2015-2018)	73
Table 5.3.1. Attendees, CAPSL training and Special Purpose Certificate in Academic Practice	77
Table 5.3.2. Examples of Central Training Uptake, SoM	77
Table 5.3.3. Staff who have partaken in central Mentoring Courses	80
Table 5.3.4. Snapshot of TRAMS participants from the School, by role	80
Table 5.3.5. SoM Fellowship Applications and Outcomes	81
Table 5.3.6. Research staff who have attended the PSRL Programme	82
Table 5.3.7. Total number of grant applications (2017-2019)	87
Table 5.3.8. Number of successful and unsuccessful applications.....	88
Table 5.3.9. External National/International research funding (in €, k denotes 1000)	89
Table 5.5.1. Maternity leave breakdown by grade and contract type	94
Table 5.5.2. Parental leave data, 2017-2020	95
Table 5.5.3. Staff survey responses, flexible working.....	99
Table 5.6.1. Staff and student survey data: Athena SWAN Awareness	102
Table 5.6.2. Staff and student survey data: School Culture	103
Table 5.6.3. Staff and student survey data: HR & EDI Policies	104
Table 5.6.4. Staff survey data: Behaviour/Treatment.....	106
Table 5.6.5. Membership on main committees in the School	108
Table 5.6.6. Staff survey data: School Processes	109
Table 5.6.7. Some external committee membership/role by gender (self-reported by staff, 2020).....	110
Table 5.6.8. Staff survey data: External Committees.....	110
Table 5.6.9. Staff survey data: Workload	112
Table 5.6.10. Staff survey data: Meetings.....	113
Table 5.6.11. Staff survey data: Role Models	116
Table 5.6.12. Student survey data: Role Models.....	117

LIST OF ABBREVIATIONS

Abbreviation	Full
%F	Proportion Female
%M	Proportion Male
AD	Associate Director
ADEDI	Associate Director of EDI
AP	Action Plan
AS	Athena SWAN
ASVP	Associate Vice Provost
CAO	Central Applications Office
CAPSL	Centre for Academic Practice and eLearning
CID	Contract of Indefinite Duration
DPGTL	Director of Postgraduate Teaching and Learning
DUGTL	Director of Undergraduate Teaching and Learning
EDI	Equality, Diversity, and Inclusion
F	Female
FASPO	Faculty Athena Swan Project Officer
FEMS	Faculty of Engineering, Mathematics and Science
FG	Focus Group
FHS	Faculty of Health Sciences
GEAP	Gender Equality Action Plan
HEA	Higher Education Authority
HEI	Higher Education Institution
HESA	Higher Education Statistics Agency (UK)
HH&D	Human Health & Disease
HN&D	Human Nutrition & Dietetics
HoD	Head of Discipline
HoS	Head of School
HR	Human Resources
HSE	Health Service Executive
HSFEC	Health Sciences Faculty Executive Committee
IWD	International Women's Day
LEAD	Living Equality and Diversity
M	Male
NUIG	National University of Ireland, Galway
OccuTh	Occupational Therapy

PG	Postgraduate
PGR	Postgraduate Research
PGT	Postgraduate Taught
PGTL	Postgraduate Teaching and Learning
PGTLC	Postgraduate Teaching and Learning Committee
PI	Principle Investigator
PMSS	Professional and Managerial Support Staff
PSRL	Professional Skills for Research Leaders
QUB	Queen's University Belfast
RA	Research Assistant
RadTh	Radiation Therapy
RCSI	Royal College of Surgeons Ireland
RF	Research Fellow
RO	Research Office
SAPP	Senior Academic Promotions Process
SAT	Self-Assessment Team
SC	School Committee
SEC	School Executive [Committee]
SJH	St James's Hospital
SMDBS	School of Medicine, Dentistry and Biomedical Sciences
SoM	School of Medicine
SRF	Senior Research Fellow
STEMM	Science, technology, engineering, mathematics, and medicine
TBSI	Trinity Biomedical Sciences Institute
TCD	Trinity College Dublin
ToR	Terms of Reference
TRAMS	Teaching, Research and Academic Mentoring Scheme
TSMJ	Trinity Student Medical Journal
TU	Technological University
UBT	Unconscious Bias Training
UCD	University College Dublin
UG	Undergraduate
UGTL	Undergraduate Teaching and Learning
WAM	Workload Allocation Model
WG	Working Group

1. LETTER OF ENDORSEMENT FROM THE HEAD OF DEPARTMENT



Trinity College Dublin

Coláiste na Tríonóide, Baile Átha Cliath

The University of Dublin

12th January 2022

Dear Advance HE,

As Head of the School (HoS) of Medicine at Trinity College Dublin (TCD) since 2018 and a member of the School's Self-Assessment Team (SAT), I wholeheartedly endorse our application for an Athena SWAN (AS) Bronze Award.

This application has been the combined effort of staff and students on the SAT. The data collection and consultation with staff and students has been extensive and challenging at times due to the complexity of our school. However, the AS process has been rewarding and revealing. I have been astonished and encouraged by the SAT's insights, consistent hard work, and commitment over the past two years in pursuing an award, despite the unique challenges we have faced as a medical school since the advent of COVID-19. The SAT was supported by a dedicated full-time Faculty AS Project Officer (FASPO) and we intend to continue to fund this key role (**Action 1.1**).

I have personally always been a firm supporter of equality and diversity, but AS has encouraged me to reflect on my own "blind spots", particularly as a senior male academic and the current leader of the School.

In 2018, I introduced AS as a standing agenda item on the School Executive Committee (SEC), the key decision-making board of the School, to ensure regular and open discussion. I am delighted that this item will now be broadened to include wider equality, diversity and inclusion (EDI) work and the SAT will become the School's EDI Committee, with a budget assigned. An Associate Director will be appointed, and will be an *ex officio* member of the SEC, to ensure EDI principles continue to be embedded in all aspects of the School's decision-making.

The School's Mission is to provide exceptional teaching, learning, research, and social engagement to the community. The AS process has inspired us to incorporate EDI and actions from this application as core components in our

Strategic Plan (2021-2026). This will ensure EDI is embedded within all functional areas of the School.

Female representation in our pipeline starts strong, however, a gender imbalance prevails at our most senior grade where we see a higher proportion of males, particularly among our clinical academics. This is unacceptable and as HoS, I will ensure that recruitment, appraisal, and promotion of staff is fully reflective of AS Charter principles.

Over the next four years we are committed to addressing this female under-representation, improving family leave experience, and modifying perceptions around culture, communication, gender under-representation and School processes. We recognise our action plan is large, but we are a large, complex school and are committed to resourcing and implementing these actions.

We will increase our career supports, seek to apply for a SALI post, develop local, supportive procedures for managing family leave and in particular, provide supports for women around maternity leave (**Actions 5.5.1-9**). We will provide our students with visible role models of all genders, and roll out essential training that is available in the University (unconscious bias and active bystander training). We will develop school-level induction, and continue to endorse the University's committee and recruitment panel membership processes.

Throughout the application, we have reflected on our position as a large medical school and how we can improve our current ways of operating to ensure *all* have the opportunity to aspire and achieve their full potential. I have begun to witness an increased awareness within the School of not just gender equality, but equality work more broadly and believe our commitment to AS and implementation of our action plan will bring about a sea change in the School's culture. Having just begun my second term as HoS in 2021, I intend to personally oversee the implementation of this bespoke action plan.

Lastly, I can confirm that the information presented in our application (including qualitative and quantitative data) is an honest, accurate and true representation of the School.

Yours sincerely,



Professor Michael Gill
Head, School of Medicine



Action 1.1. The SoM will continue to support the funding of a dedicated full-time Faculty Athena SWAN Project Officer, to ensure coordination of our AS activity and assist with administrative workload of AS Co-Champions.

2. DESCRIPTION OF THE DEPARTMENT

The School of Medicine (SoM, “School”) is one of four schools in the Faculty of Health Sciences (FHS, “Faculty”, **Figure 2.1**), and the largest school within the University, incorporating 17 Disciplines (**Figure 2.2**). The SoM is dedicated to delivering education to the highest international standards and to training medical doctors, scientists and allied health professionals to practice competently with integrity and a deep scientific understanding.

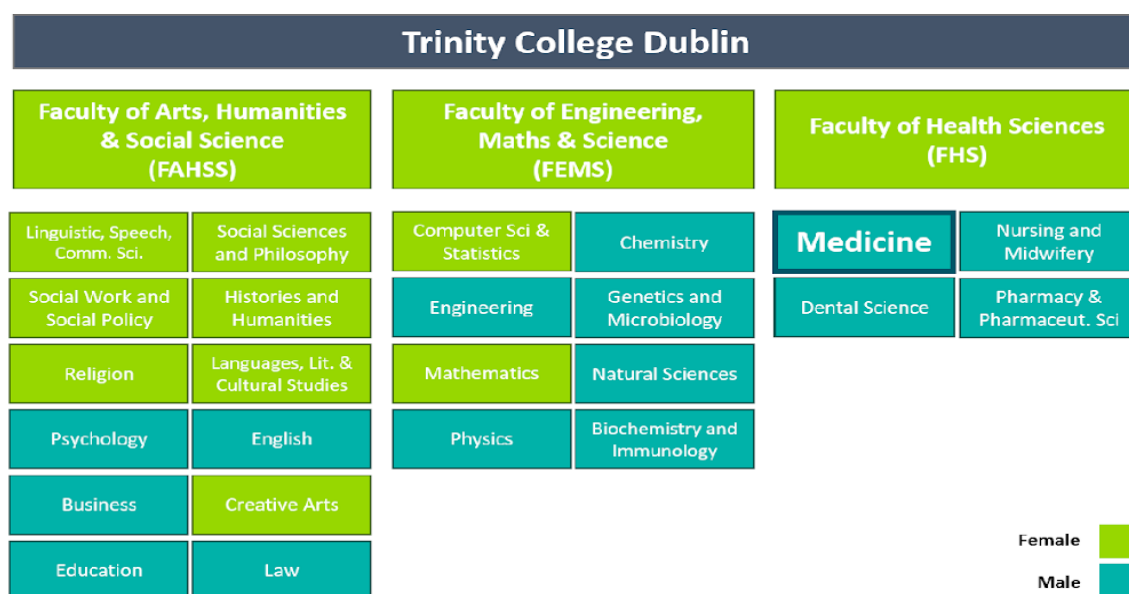


Figure 2.1. Structure of Trinity College Dublin. Colours depict gender of Faculty Deans and Heads of Schools

The SoM operates across multiple sites, with large teaching centres in St. James’s Hospital (SJH), Tallaght University Hospital, the Coombe, and St. Patrick’s Hospital. Staff are thus geographically dispersed (**Figure 2.3**), which creates inclusion and community challenges. This was a key finding from our AS staff consultation. **Action 2.1** and a suite of actions (**Section 5.6**) will address cross-School communication.

“The size and disparate locations make communication challenging within the School. Some disciplines are isolated.” (Non-Clinical Academic, Female)

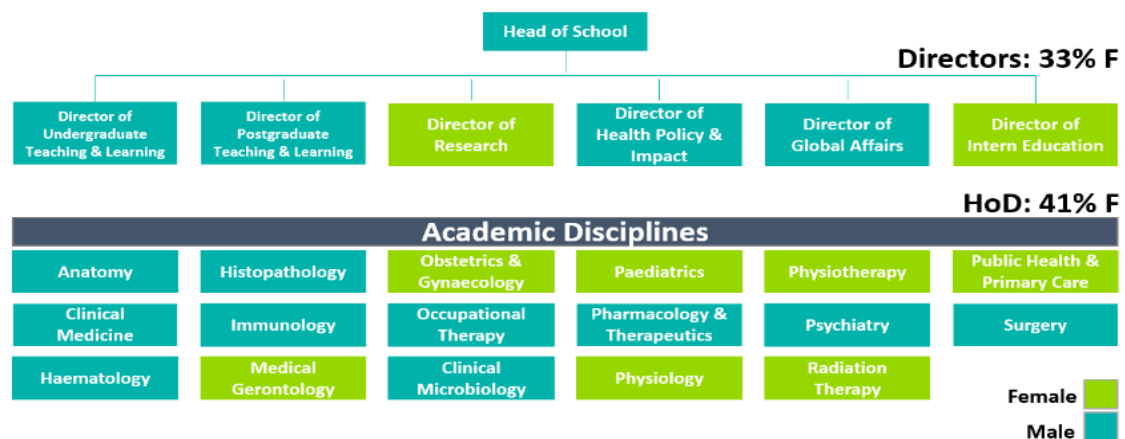


Figure 2.2. Structure of School of Medicine

Full School Meetings include all academic, research and clinical staff and have undergraduate (UG) and postgraduate (PG) student representation. The forum contributes to creating an effective and collegial environment. Meetings are normally held once a term, in person, but this stopped due to Covid-19. We note broader engagement across all sites when hosting similar events online, so this forum will be permanently moved online to improve cross-School communication.



Action 2.1. The HoS will host **Full School Meetings** once a semester, online, to provide an update on key areas within the School (including AS and EDI), enable School-wide discussion and improve communication and sense of community across School sites.



Linked Actions: 5.6.7 School Culture postcards.

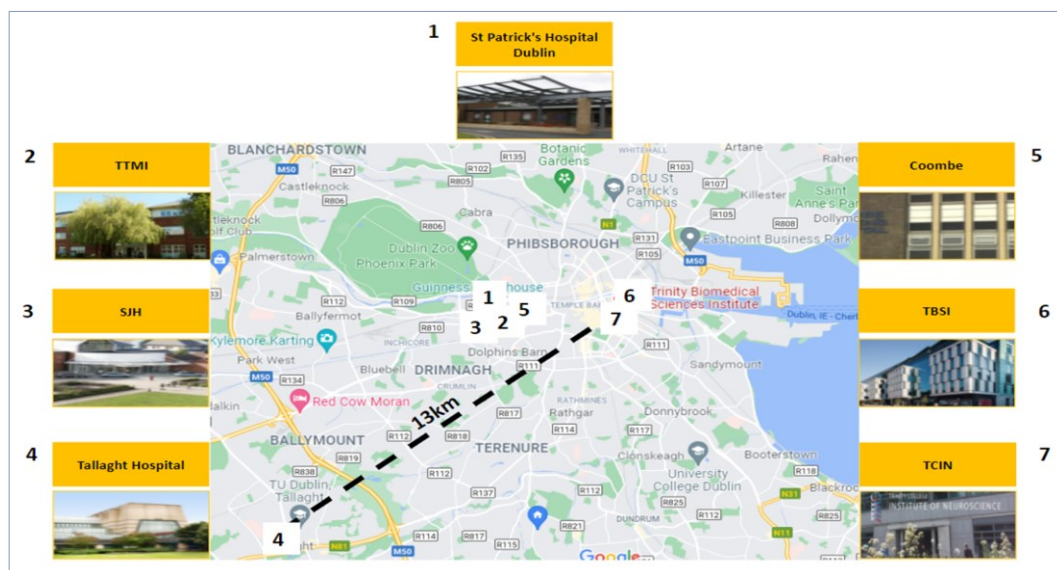


Figure 2.3. Key School of Medicine Sites

The Head of School (HoS), Professor Michael Gill, has a direct reporting line to the FHS Dean. Six **Directors** have delegated responsibility for the strategic management and development in their area. **The Management Team** includes HoS, Directors, School Manager and key administrative staff. **Heads of Discipline (HoD)** provide academic leadership and line management within their Discipline, and contribute to policy and strategic planning via the School Executive Committee (SEC).

The SEC is the School's decision-making body. It meets monthly, is chaired by the HoS and includes Directors (33%F), HoDs (41%F), senior administration, UG and PG students. Staff consultation revealed uncertainty over role responsibilities and the appointment process in relation to these senior posts, with 37% of females and 24% of males perceiving the School's processes as not being transparent. (**Action 2.2**).



Action 2.2. The HoS and SEC will review the roles, responsibilities, and appointment process of Directors and HoDs to address any gender imbalance.

The SoM has several associated research institutes, with research themes focused around improving human health and healthcare, from bench-to-bedside (**Figure 2.4**).



Figure 2.4. Key Research Themes in the School

The School employs 496 staff (68%F); 104 non-clinical academics (63%F), 71 clinical academics (52%F), 221 research staff (70%F), and 100 Professional, Managerial & Support staff (PMSS, 83%F) (**Table 2.1**). Clinical academics have joint appointments with a health partner (e.g. hospital). *Lecturer/Registrars* are clinicians in training posts, on a clinical career pathway. They primarily teach across hospital sites. *Research Fellows* and *Research Assistants* make up the research staff cohort. There is a high proportion of females across our research and PMSS grades. The lack of parity for men at early stages, and for women at later stages is

notable. All staff were consulted via **surveys** and **focus groups** as part of this application.

Table 2.1. All staff in the School of Medicine (Snapshot, March 2020)

All Staff, School of Medicine, 2020 (Snapshot)					
School Role <i>(Athena SWAN Category)</i>	Grade	Female	Male	Total	%F
Non-Clinical Academic <i>(Research & Teaching)</i>	Chair Professor	3	6	9	33%
	Professor In	5	4	9	56%
	Associate Professor	15	10	25	60%
	Assistant Professor (> bar)	27	14	41	66%
	Assistant Professor (< bar)	15	5	20	75%
	TOTAL	65	39	104	63%
Clinical Academic <i>(Clinical, Research & Teaching)</i>	Professor Consultant	4	9	13	31%
	Associate Professor Consultant	4	5	9	44%
	Senior Lecturer Consultant	4	3	7	57%
	Lecturer/Registrars	25	17	42	60%
	TOTAL	37	34	71	52%
Research Staff <i>(Research only)</i>	Senior Research Fellow	7	4	11	64%
	Research Fellow	61	38	99	62%
	Research Assistant	86	25	111	77%
	TOTAL	154	67	221	70%
Administrative & Technical Staff <i>(Professional, Managerial & Support)</i>	Administrative	68	11	79	86%
	Technical	9	6	15	60%
	Clinical Skills Tutors	6	0	6	100%
	TOTAL	83	17	100	83%
TOTAL STAFF		339	157	496	68%

The School offers six major direct-entry UG degrees, 24 PG taught courses, and three PG research degrees (PhD, MD or MSc). Female students predominate at every stage, with clear variation among UG degree programmes (near-parity in *Medicine*; to 93% female *Human Nutrition & Dietetics* [HN&D], **Table 2.2**).

Table 2.2. All students in the School of Medicine (Snapshot, March 2020)

Level	Course	Female	Male	Total	% F
Undergraduate	Medicine	519	393	912	57%
	Occupational Therapy	139	13	152	91%
	Radiation Therapy	90	18	108	83%
	Physiotherapy	115	48	163	71%
	Human Nutrition & Dietetics	82	6	88	93%
	Human Health & Disease	95	28	123	77%
	TOTAL	1040	506	1546	67%
Postgraduate	Taught	193	77	270	71%
	Research	151	90	241	63%
	TOTAL	344	167	511	67%
TOTAL STUDENTS		1384	673	2057	67%

3. SELF-ASSESSMENT PROCESS

i. A description of the self-assessment team

On foot of the panel's feedback following an unsuccessful joint Faculty of Health Sciences (FHS) application in 2018, we chose to progress with our school-level application independently. This approach has allowed us to deepen the investigation and understanding of our school-specific issues, and to develop a bespoke action plan.

The SAT was established in December 2019, with a launch event announcing SAT members and Co-Champions (**Figure 3.1**). Membership was invited via email expression of interest, and via SEC, HoS and School Manager. SAT composition (59%F) includes all staff categories, career stages, full/part-time contracts, UG/PG students, senior management, staff with caring duties (**Table 3.1** and **Figure 3.2**); all have undertaken unconscious bias training (UBT).

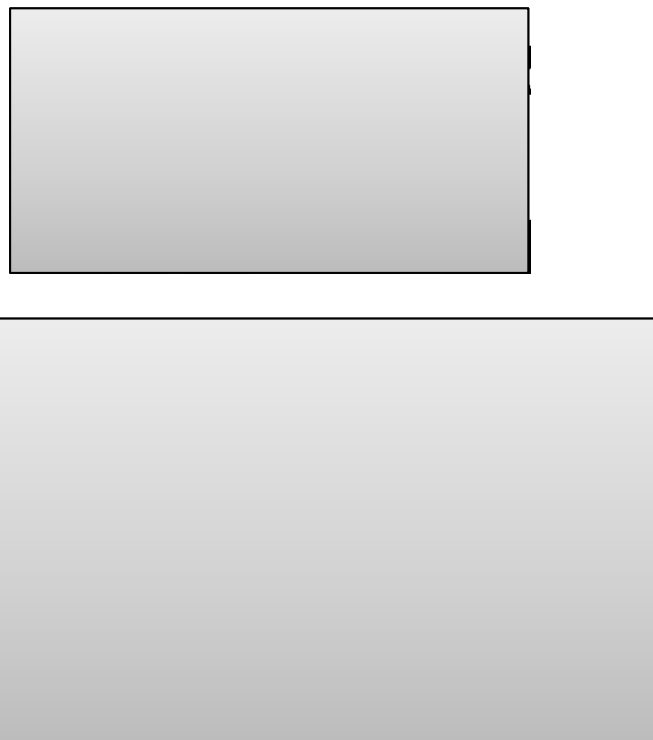


Figure 3.1. Top: SoM Co-Champions (Prof Dev and Prof Zgaga). Bottom: Self-Assessment Team (Image from a remote meeting)

Co-Champions (Professor Lina Zgaga & Professor Kumlesh Dev), co-chaired and led the process for 2020. Due to workload commitments, Dr O’Leary replaced Prof Dev (March 2021). SAT members’ and Co-Champions’ time was voluntary. The School is committed to developing a workload allocation model (WAM), and membership of SATs will be incorporated. Our ‘**AS Symposium**’ will acknowledge SAT members’ work.



Linked Actions: [5.6.6 AS Symposium](#); [5.6.20-5.6.21 WAM](#)

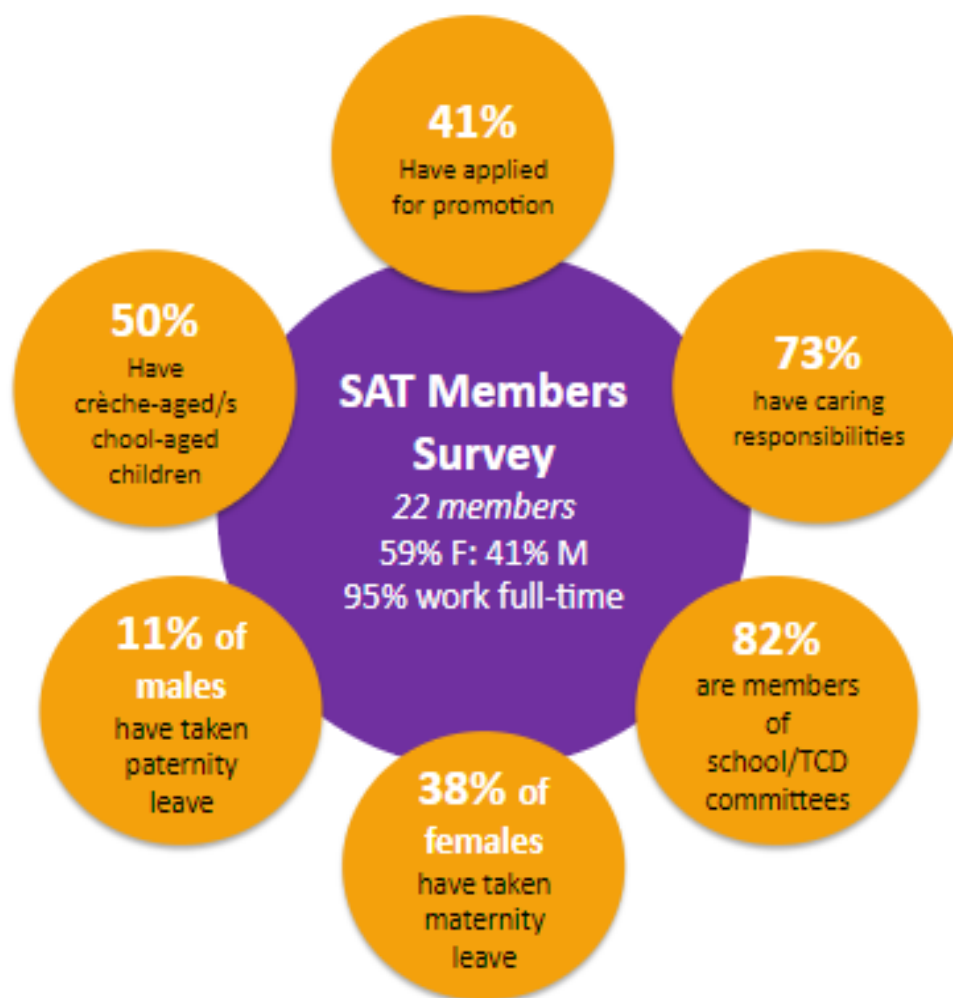


Figure 3.2. Summary of SAT Members’ Circumstances and Experiences

Table 3.1. School of Medicine SAT

Name	Role in Department Role on SAT	Name	Role in Department Role on SAT
Lina Zgaga	Associate Professor, Public Health and Primary Care Athena SWAN Co-Champion WG: Editorial Lead: Data	Kumlesh Dev	Director of Postgraduate Teaching & Learning; Professor in Neuroscience Athena SWAN Co-Champion Lead: Governance
Michael Gill	Head of School; Professor WG: Governance	Alex McGee	School Manager (since 2018) WG: Governance and Editorial
Stephen Maher	Ussher Assistant Professor, Surgery WG: Data	Maeve Caldwell	Head of Discipline, Physiology; Professor in Neuroscience WG: Education
Geraldine Foley	Assistant Professor, Occupational Therapy WG: Policy	Quentin Comerford	Chief Technical Officer WG: Policy
Seónadh O'Leary	Senior Research Fellow Athena SWAN Co-Champion WG: Editorial Lead: Engagement	Clíona Ní Cheallaigh	Associate Professor Consultant, Clinical Medicine WG: Education
Sarah Doyle	Associate Professor, Clinical Medicine WG: Policy	Evan Blake	Senior Executive Officer, Education Division Office; Co-Chair of TCD's LGBT + Staff Network. WG: Engagement

Nollaig Burke	Ussher Assistant Professor, Medical Gerontology WG: Education	Olive Killoury	Clinical Skills Tutor Lead: Policy
Shigeki Nakagome	Ussher Assistant Professor, Psychiatry WG: Engagement	Shannon Keegan	Quality, Accreditation & Rankings Manager WG: Governance
Patrick Walsh	Associate Professor, Clinical Medicine Lead: Education	Julie Broderick	Assistant Professor, Physiotherapy WG: Engagement
Bahman Nasserroleslami	Assistant Professor, Clinical Medicine WG: Data (staff and student data)	Katie Valentine	Medical Student; Undergraduate Student Representative WG: N/A; General Consultation
Megan Kennedy	PhD Candidate, Physiotherapy; Postgraduate Student Representative WG: N/A; General Consultation	Louise Walsh	Faculty Athena SWAN Project Officer Lead: Editorial

ii. An account of the self-assessment process

AS has been a standing item at SEC meetings since 2018. Co-Champions report into the SEC (and TCD's ASC Network), and the FASPO reports into the FHS Executive Committee (**Figure 3.3**).

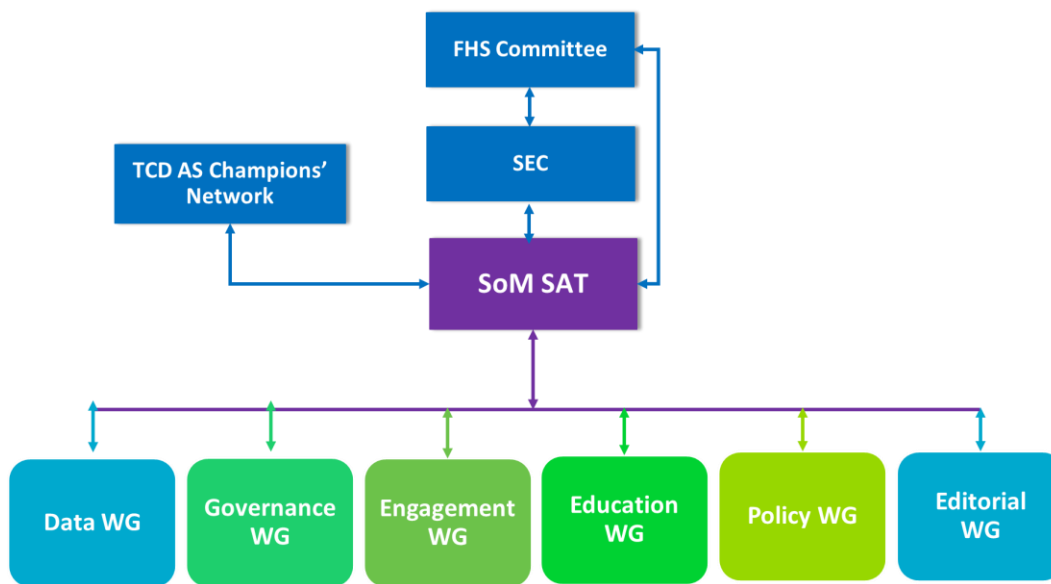


Figure 3.3. SAT Reporting Lines

The SAT met twelve times and working groups (WGs) met monthly to ensure progress (**Figure 3.3**). The SAT participated in a targeted action planning workshop by Advance HE. An editorial group oversaw work and finalised the application. The FASPO assisted in coordinating activities, providing guidance and support.

The SAT met in-person 4 times before Covid-19. Following the cancellation of two scheduled meetings, activity moved to Zoom. To fulfil regulatory requirements, clinical placements and essential teaching were re-configured but continued face-to-face; many staff and students participated in the Covid-19 response. This led to an increased workload on SAT members.

We revised initial timelines, taking staff and student workloads into consideration, with the full support of the HoS and SEC. Despite these challenges, there has been high meeting attendance (>80%), engagement and dedication from the SAT. **Table 3.2.** summarises SAT activity and key milestones.

Table 3.2. Key SAT Meetings, Activity & Milestones

Date	Meeting Activity/Milestone	Location
December 2019	Launch of AS, SoM	FHS Boardroom
2020		
January	Kick-off SAT Meeting	TBSI, Boardroom
February	SAT	TBSI
March	UCD Presentation	TBSI
April	SAT	<i>Cancelled</i>
May	SAT	<i>Cancelled</i>
June	<i>Staff Consultation: Survey</i>	Online
July	Working Group	Online
August	SAT	Online
October	SAT	Online
October	Working Group (Leads)	Online
November	<i>Staff Consultation: FGs</i>	Online
December	SAT	Online
December	<i>Student Consultation: PG Survey</i>	Online
2021		
January	<i>SAT: Advance HE Action Planning Workshop</i>	Online
January	Working Group: <i>Action Planning</i>	Online
February	Working Group: <i>Action Planning</i>	Online
March	SAT	Online
March	Writing Group	Online
April	SAT: Action Plan	Online
May	Writing Group (<i>Weekly</i>)	Online
June	SAT	Online
June	Writing Group	Online
July	Working Group (Leads)	Online
September	External critical friend reviews	Online
October	Internal critical review	Online
December	<i>SEC: Action Plan Sign Off</i>	Online
January	Final Editing/Submit to Advance HE	N/A

Culture Surveys were launched for all staff (June 2020) and PG students (December 2020) to gain an understanding of experience and perceptions relating to AS areas. The HoS launched surveys via email, with reminders circulated

weekly to encourage participation and HoDs were asked to encourage survey participation in their departments.

Our final staff survey response rate was 57%, which was encouraging, given the early-stage of the pandemic. Overall, 60% of female and 50% of male staff responded. By staff category, our *Lecturer/Registrars* had the lowest response rate (17%, mostly female responders), followed by research staff (40%; **Table 3.3**). These staff are predominantly on fixed-term contracts, potentially resulting in lower engagement.

A future challenge will be to increase engagement and ensure all staff are aware of the importance and impact of AS (**Action 3.1**). It is crucial that the SAT promotes future EDI/AS surveys visibly across all sites (**Action 3.2**).

Table 3.3. Survey Respondents by Staff Category and Gender

Staff Category	F	M	%F	Total	% Completed by Staff Category
Non-Clinical Academic	58	29	67%	87	84%
Clinical Academic	12	13	48%	25	86%
Lecturer/Registrars	6	1	86%	7	17%
Research	65	23	74%	88	40%
PMSS	53	10	82%	63	63%
Prefer not to say	11	3	89%	14	N/A
TOTAL	205	79	73%	284	57%



Action 3.1. Conduct all-School surveys every 2 years with staff and students, followed by focus groups in the same year, to monitor gender and EDI issues.



Action 3.2. The SAT will launch a 'Have Your Say' promotional campaign to coincide with future AS consultation and encourage staff and student participation.

PG surveys were endorsed by members of the PG Teaching and Learning Committee (PGTLC) and SAT PG representative. The response rates were low, likely owing to the pre-Christmas timing of survey distribution (taught: 30% [27%F: 36%M]; research: 37% [42%F: 20%M]). 71% of respondents were female. We need to ensure all students are aware of how important their perception of the School is, and how AS can impact their study and future working environment

(**Action 3.3**). It was not feasible or appropriate to conduct focus groups (FG) with students during Covid-19, however, in future iterations, we will prioritise this, focusing on understanding key areas (**Action 3.4**).



Action 3.3. Raise awareness of the positive impact of AS and the ongoing work of the SAT amongst all students by including these items in future student events and inductions.



Action 3.4. The School will conduct focus groups with all student cohorts, as part of AS/EDI student consultation, beginning with our PG students (building on survey 2020 findings). Key areas to explore will include: part-time/full-time study, career aspirations, school career supports and school culture perceptions.

Survey data was only available to the FASPO who analysed results, with the SAT identifying emerging themes by staff/student category and gender. Staff FGs probed survey findings. An external facilitator was appointed to encourage open, honest participation. Seven online FGs were arranged (five by staff category and two by topic), with 50 staff from diverse staff categories, grades and genders (70%F). Questions informed by survey findings guided the conversation.

Fewer male staff participated in FGs, with two groups where this was particularly concerning: *Senior Leaders* and *Clinical Academic Staff* (**Table 3.4**) despite male predominance in these groups and SAT's attempts at equal gender recruitment. **Action 3.2** will highlight the benefits of AS, with future FGs being carried out across key SoM sites to facilitate wider participation (**Action 3.1**).



Action 3.5. The HoS will personally ask Senior School Leaders to participate in all future AS focus groups to increase the number of staff (particularly male staff), participating in focus groups.

Table 3.4. Focus Group Participation by theme and gender

	FOCUS GROUPS	Female	Male	Total
1	Non-Clinical Academics	62.5%	37.5%	8
2	Senior Leaders	80%	20%	5
3	PMSS	75%	25%	8
4	Clinical Academic	80%	20%	5
5	Research Staff	75%	25%	8
6	School Culture – <i>Topic based</i>	43%	57%	7
7	Family Leave – <i>Topic based</i>	78%	22%	9
	TOTAL	70%	30%	50

Professor Marguerite Clyne (EDI Committee Chair; SoM, UCD) and Ms. Tonya Watts (NUIG), provided critical reviews and feedback. Internal TCD reviews improved and enriched our application and action plan.

iii. Plans for the future of the self-assessment team

The SAT will evolve into the **School's EDI Committee** (EDIC, **Action 3.6**) meeting every second month. The HoS will appoint a new Associate Director of EDI (ADEDI, **Action 3.7**). The EDIC¹ will:

- Oversee the AP 2021-2025 implementation
- Monitor AP progress
- Advise on matters related to AS/EDI
- Circulate annual reports to the SEC and full School

New WGs will be formed (**Table 3.5**), to account for the AS Ireland Charter expansion², and ensure fair workload distribution (**Action 3.8**). The FASPO will provide guidance and support. Members will serve a two-year term, with the possibility to serve longer. New members will be recruited as needed via expressions of interest. The EDIC will have a budget to support its function (**Action 3.9**).

Table 3.5. New SAT (future EDI Committee) Working Groups

New WGs
School Culture
Intersectionality & Inclusivity
Data & Monitoring



Action 3.6. The SAT will expand to become the School's permanent EDIC. This committee will track progress and monitor the gender equality action plan.



Action 3.7. The HoS will appoint a new Associate Director for EDI, to chair the School's EDI Committee. This post will be a member of the SEC.

¹ The terms SAT and ASC will be used for the remainder of the application

² www.advance-he.ac.uk/equality-charters/international-charters/athena-swan-ireland



Action 3.8. The SAT will establish new working groups, to reflect additional key considerations under the new AS Ireland Charter and to ensure fair workload distribution of members.



Action 3.9. The School will provide a **dedicated EDI budget** for the SAT/future EDI Committee with specific funding for actions within the AS action plan.

4. A PICTURE OF THE DEPARTMENT

4.1. STUDENT DATA

General national benchmarks are taken from the HEA 2019/20 student demographics, alongside UK HESA data, both combining several subject areas, and are thus not directly comparable. Where possible, we have benchmarked against a similar programme in another Irish HEI. We wish to improve our own benchmarking capabilities.



Action 4.1.1. HoDs to capture programme-specific data with other Irish HEIs running comparable UG programmes, to enable stronger benchmarking.

***Note:** The data was predominantly captured in March. In some instances, the numbers are small - we interpret those with caution.*

i. Numbers of men and women on access or foundation courses

N/A.

ii. Numbers of undergraduate students by gender

There are no part-time undergraduate options. Among full-time students, our female representation is 67%, and 58% in TCD overall³. The national average amongst similar schools is 64%. The School offers six undergraduate degree programmes; females predominate across all (**Table 4.1.1**). These are broken down below.

³ TCD's Athena SWAN Bronze Application (2018)

Table 4.1.1. Number of undergraduate students

	Undergraduate Students								
	2017/18			2018/19			2019/20		
Course	F	M	%F	F	M	%F	F	M	%F
Medicine	496	382	56%	490	386	56%	519	393	57%
Human Health & Disease	79	36	69%	83	36	70%	95	28	77%
Human Nutrition & Dietetics	89	5	95%	84	8	91%	82	6	93%
Occupational Therapy	145	14	91%	147	11	93%	139	13	91%
Physiotherapy	114	41	74%	121	45	73%	115	48	71%
Radiation Therapy	90	19	83%	82	23	78%	90	18	83%
TOTAL	1013	497	67%	1007	509	66%	1040	506	67%

Recruitment of non-EU/EEA students is outside of the CAO; %F in this cohort is comparable (Table 4.1.2). Data on applicants is not currently available (Action 4.1.2).



Action 4.1.2. The UG Programme Manager will request a data report from the TCD International Office on non-EEA/EU student applicants by gender who are not recruited via CAO.

Table 4.1.2. Number of non-EU/EEA registered undergraduate students

Non-EU Students	Med	HH&D	HN&D	OccuTh	Physio-therapy	RadTh	TOTAL
2017/18							
Total	277	2	1	2	9	4	295
Female	165	1	1	2	8	3	180
%Female	60%	50%	100%	100%	89%	75%	61%
2018/19							
Total	283	3	0	3	10	5	304
Female	172	0	0	3	8	4	187
%Female	61%	0%	0%	100%	80%	80%	62%
2019/20							
Total	302	3	0	4	7	4	320
Female	188	1	0	3	5	3	200
%Female	62%	33%	0%	75%	71%	75%	63%

Medicine, our largest programme, is fairly gender-balanced (57%F; **Table 4.1.3**, **Figure 4.1.1**). %F was stable and in alignment with the 2019/20 national (56%⁴) and the UK (60%⁵) benchmark.

Table 4.1.3. Number of all undergraduate students and intake to Medicine

	Undergraduate Students – Medicine								
	2017/18			2018/19			2019/20		
	F	M	%F	F	M	%F	F	M	%F
Total number	496	382	56%	490	386	56%	519	393	57%
Intake	102	70	59%	107	86	55%	112	89	56%

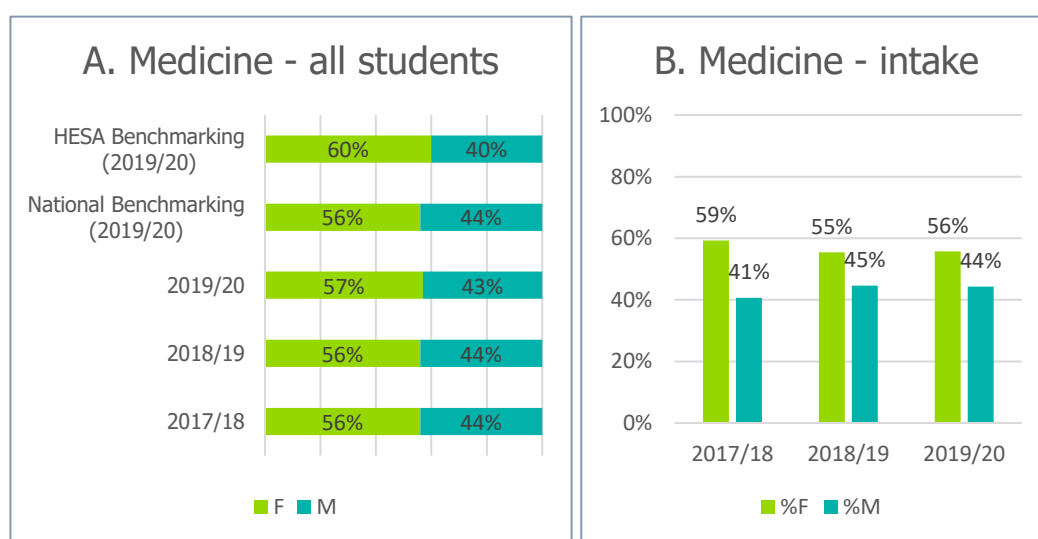


Figure 4.1.1. (A) Proportion of students enrolled in UG Medicine; **(B)** intake (HESA benchmarking category combines Medicine and Dentistry)

Student numbers in **Occupational Therapy** (*OccuTh*; 91-93%F) appear stable (**Table 4.1.4**). We benchmarked specifically against NUIG's UG *OccuTh* (HEA combines therapy and rehabilitation courses): we are just slightly above NUIG (86%F), and above the UK (80%F⁶, **Figure 4.1.2**), but note high %F Occupational therapists in Ireland (**Figure 4.1.3**⁷).

⁴<https://hea.ie/statistics/data-for-download-and-visualisations/data-for-download/2018-19-19-20-enrolments-by-new-entrant-institute-gender-iscd-broad-and-iscd-detailed/>

⁵ <https://www.hesa.ac.uk/data-and-analysis/students/what-study>

⁶ <https://www.hesa.ac.uk/data-and-analysis/students/what-study>

⁷<https://www.hse.ie/eng/staff/resources/our-workforce/workforce-reporting/health-service-employment-report-mar-2019.pdf>

Table 4.1.4. Number of UG students and intake to Occupational Therapy

Undergraduate Students – Occupational Therapy									
	2017/18			2018/19			2019/20		
	F	M	%F	F	M	%F	F	M	%F
Total number	145	14	91%	147	11	93%	139	13	91%
Intake	34	4	89%	35	3	92%	37	4	90%

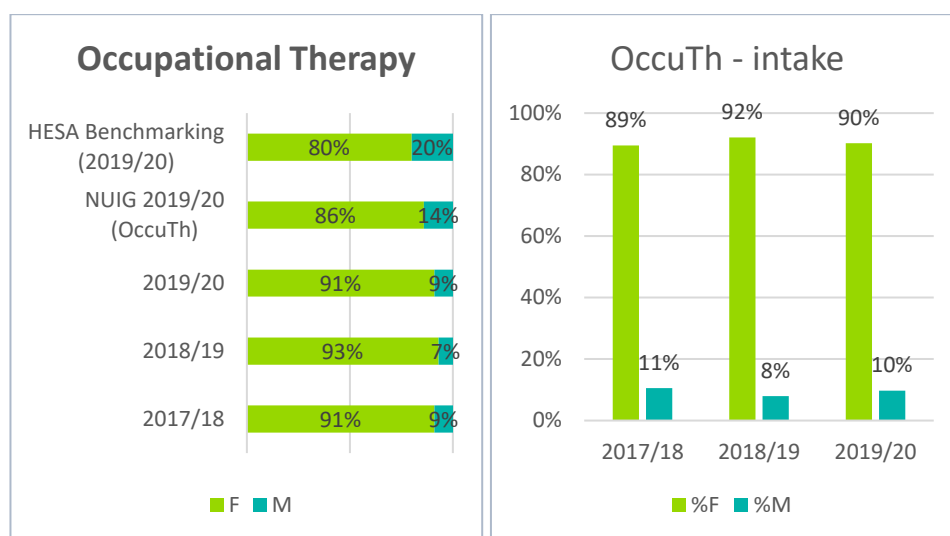


Figure 4.1.2. (A) Proportion of students enrolled in UG Occupational Therapy; **(B)** Intake

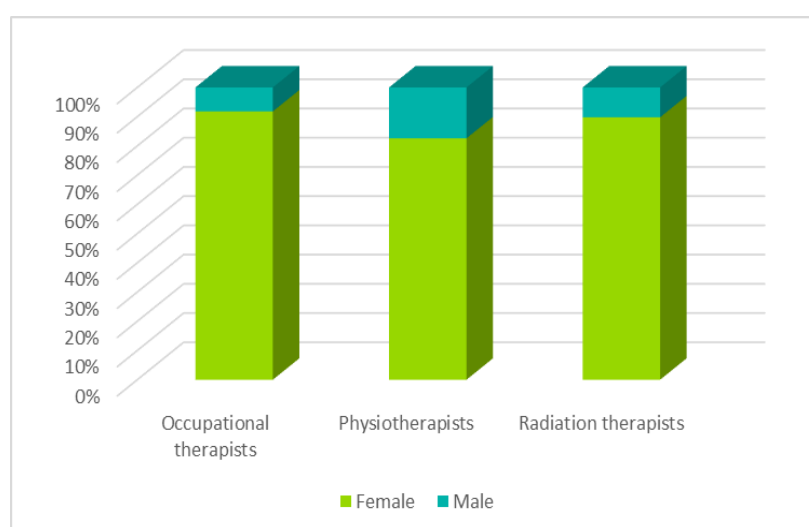


Figure 4.1.3. Proportion of Occupational therapists, Physiotherapists and Radiation therapists by gender in Ireland



Action 4.1.3. The SAT will undertake a full gender review of all UG (and prospective) student promotional and programme materials (including print, webpages and handbooks). Updates will be recommended to ensure there is gender balance and no stereotyping in images and language.

There is a higher (but decreasing) %F studying **Physiotherapy** (71%, **Table 4.1.5**). We are in alignment with the national figure on similar courses (71%)⁸ (**Figure 4.1.4, Figure 4.1.2**).

Table 4.1.5. Number of undergraduate students and intake to Physiotherapy

	Undergraduate Students - Physiotherapy								
	2017/18			2018/19			2019/20		
	F	M	%F	F	M	%F	F	M	%F
Total Number	114	41	74%	121	45	73%	115	48	71%
Intake	28	10	74%	33	14	70%	28	13	68%

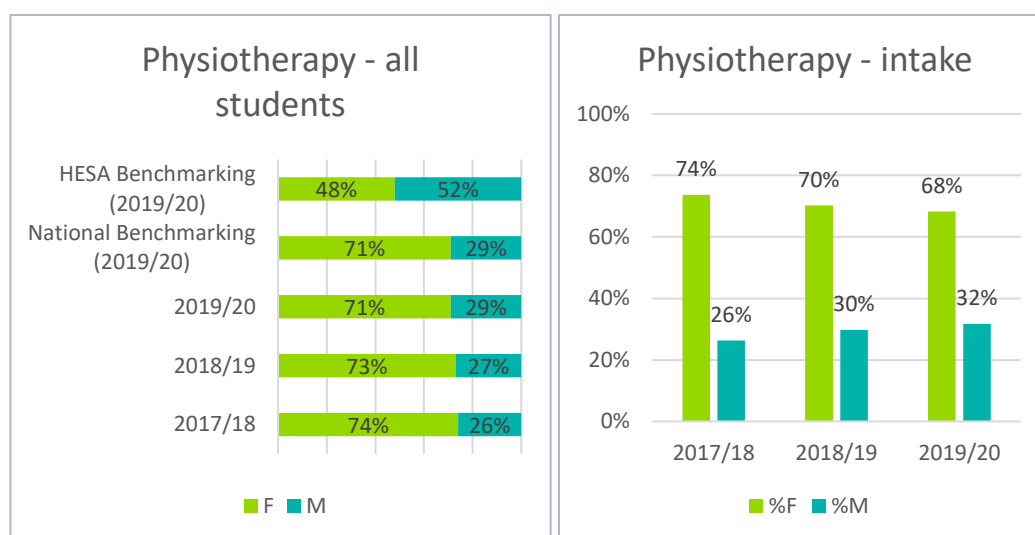


Figure 4.1.4 (A) Proportion of students enrolled in UG Physiotherapy; **(B) Intake.** HESA benchmarking category: 'Biological and Sport Sciences'⁹. HEA benchmarking category: Therapy and Rehabilitation

While the reason for a steady increase in %M (26%→30%→32%) remains unclear, it is leading to greater gender balance. However, there is a clear need to track future trends to ensure this positive increase is supported. Outreach activity and addressing gender stereotypes will allow us to start removing potential barriers to males applying.

⁸<https://hea.ie/statistics/data-for-download-and-visualisations/data-for-download/2018-19-19-20-enrolments-by-new-entrant-institute-gender-isced-broad-and-isced-detailed/>

⁹ <https://www.hesa.ac.uk/data-and-analysis/students/what-study>



Action 4.1.4. The SAT will monitor intake data by gender for all UG therapy programmes annually, to uncover trends over time.



Linked Actions: [4.1.3](#) Gender Review: UG/prospective webpage, programme and promotional materials; [4.1.6](#) UG Outreach; [4.1.7](#) 'A Day In the Life' Campaign; [5.6.26](#) AS School Videos

In **Radiation therapy**, %F has remained stable (83%F, **Table 4.1.6**). It is comparable to our specific benchmark, UCD's UG *Radiography* (84%F) and above the UK national figure (80%¹⁰, **Figure 4.1.5**, **Figure 4.1.2**).

Table 4.1.6. Number of undergraduate students and intake to Radiation Therapy

	Undergraduate Students – Radiation Therapy								
	2017/18			2018/19			2019/20		
	F	M	%F	F	M	%F	F	M	%F
All students	90	19	83%	82	23	78%	90	18	83%
Intake	29	3	91%	22	9	71%	25	4	86%

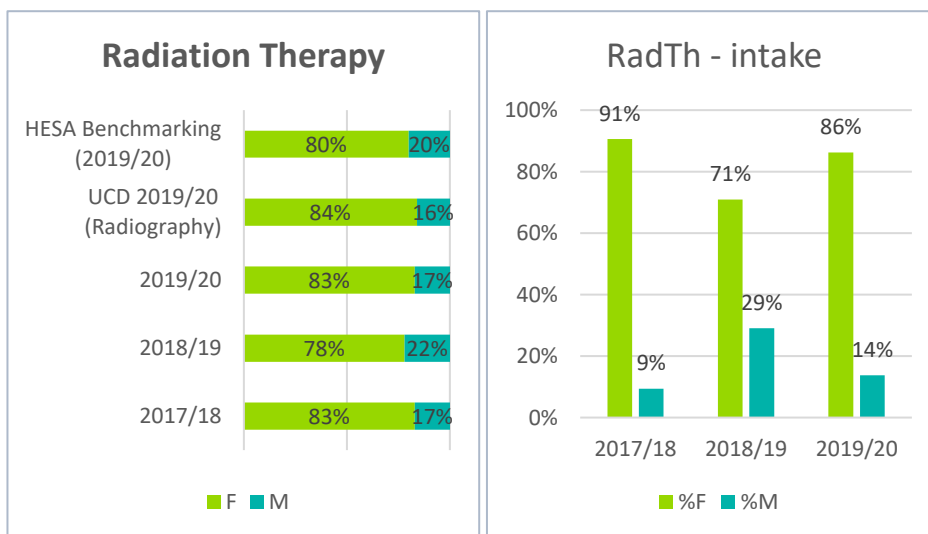


Figure 4.1.5. (A) Proportion of students enrolled in UG Radiation Therapy; **(B)** Intake

Intake is varied but mostly female (71-91%F); the School is committed to improving gender balance. Past students observed a lack of visibility of *male* staff. The HoD will strategise with UCD (similar programme with comparable issues) on how best to approach this.

¹⁰ <https://www.hesa.ac.uk/data-and-analysis/students/what-study>



Action 4.1.5. The HoD (TCD, Radiation Therapy) will liaise with the HoD Diagnostic Imaging (UCD, Radiography) to develop a collaborative, targeted strategy to attract more male students into radiography and radiation therapy.

HSE reports indicate higher female representation across therapy professions (90.6%¹¹, **Figure 4.1.2**), which aligns to the historical perception of these as *female-only, caring* roles, despite the potential for science-based careers. HoDs for therapy programmes could not identify any clear reasons for these trends but were unanimous that focused outreach activity (**Section 5.6**), and campaigns to address stereotypes will go some way to addressing male underrepresentation. Our early actions are broad to investigate multiple avenues.



Action 4.1.6. The SoM will use UG outreach activity (including conferences, talks, second-level school Open Days), to promote gender equality across all UG programmes that have an unbalanced applicant pool.



Action 4.1.7. The SAT, in conjunction with HoDs for all therapy programmes, will develop and launch a promotional campaign to be run across the School, with short videos of “A Day In the Life Of A...” particularly showcasing men working in these professions.



Action 4.1.8. The HoDs will run a workshop for male and female students in ‘therapy disciplines’, to identify potential gender barriers that can be actioned by the School. Findings will inform **Action 4.1.5**.



Linked Actions: **4.1.3** Gender Review: UG/prospective webpages, programme and promotional materials; **4.1.6** UG Outreach; **4.1.7** ‘A Day In The Life’ Campaign; **5.6.26** School AS Videos

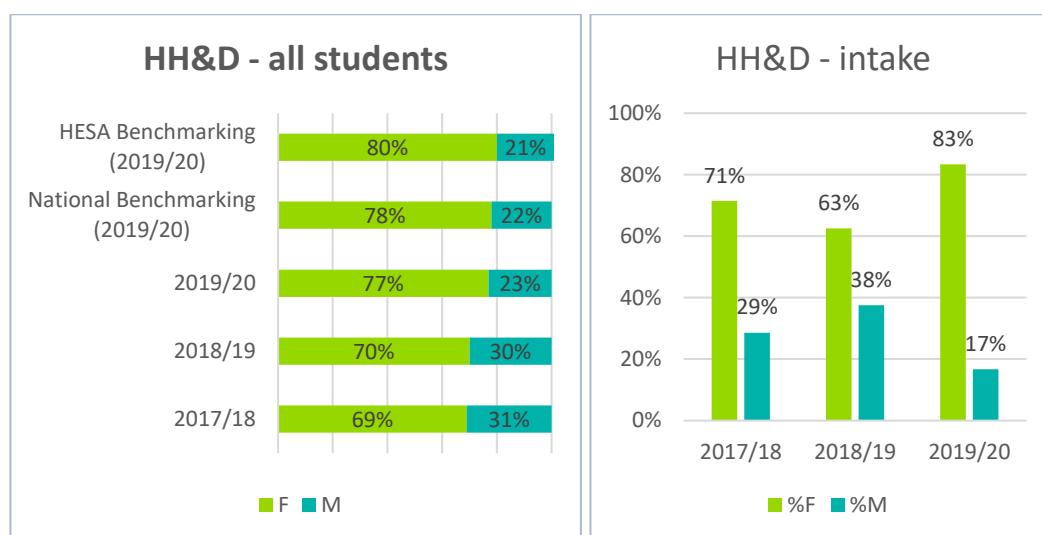
In **Human Health & Disease**, the %F students is varied (69-77%F, **Table 4.1.7**) but close to the national benchmark (78%F; UK 80%F, **Figure 4.1.6**). Graduating students usually pursue a career and further study, and work in the pharmaceutical sector, with 78%¹² of those working in similar roles being female. Programme-specific benchmark data (**Action 4.1.1**) will inform future/further analysis and action, as the SAT did not feel the HEA programme categorisation was in alignment. The School will use conference talks to promote gender equality across all programmes (**Action 4.1.6**).

¹¹<https://www.hse.ie/eng/staff/resources/our-workforce/workforce-reporting/health-service-employment-report-mar-2019.pdf>

¹² <https://www.hse.ie/eng/staff/resources/our-workforce/workforce-reporting/health-service-employment-report-mar-2019.pdf>

Table 4.1.7. Number of undergraduate students and intake to Human Health & Disease

	Undergraduate Students – HH&D								
	2017/18			2018/19			2019/20		
	F	M	%F	F	M	%F	F	M	%F
Total number	79	36	69%	83	36	70%	95	28	77%
Intake	25	10	71%	20	12	63%	30	6	83%

**Figure 4.1.6. (A)** Proportion of students enrolled in UG Human Health & Disease; **(B)** Intake. National Benchmarking: Health not further defined or elsewhere classified

Human Nutrition & Dietetics is a joint TCD and TU Dublin programme (unique in Ireland) that falls under the HEA's 'therapy and rehabilitation' category (73%F). It is our most gender-imbalanced programme (**Table 4.1.8**), however, 98.6% of dietitians are female.¹³ The School will liaise with TU Dublin to widen the promotion of this course.

Table 4.1.8. Number of undergraduate students and intake to Human Nutrition & Dietetics

	Undergraduate Students – HN&D [#]								
	2017/18			2018/19			2019/20		
	F	M	%F	F	M	%F	F	M	%F
All students	89	5	95%	84	8	91%	82	6	93%
Intake	23	1	96%	18	3	86%	19	1	95%

¹³<https://www.hse.ie/eng/staff/resources/our-workforce/workforce-reporting/health-service-employment-report-mar-2019.pdf>

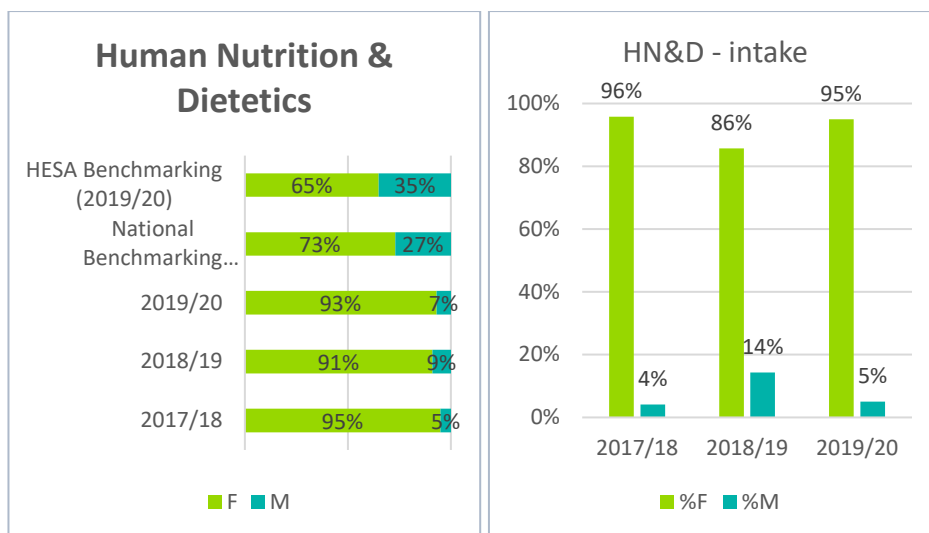


Figure 4.1.7. (A) Proportion of students enrolled in UG Human Nutrition & Dietetics; **(B)** Intake. HEA Benchmarking Category-Therapy and Rehabilitation



Action 4.1.9. The HoD (TCD, HN&D) will liaise with *HN&D* Programme Coordinator in TU Dublin regarding the promotional materials for this course.



Action 4.1.10. The HoD will liaise with TCD's Sports Centre to organise a stand/exhibition for HN&D at their Sports UG open days/other events, to further promote this course as part of wider fitness/lifestyle career options for both males and females.

Completion rates overall are between 69% and 94% (**Table 4.1.9**); %F who complete is higher. The School has multiple supports available to assist and retain students who are experiencing difficulty, or considering withdrawing. The SoM will ensure these supports are highlighted (**Action 4.1.11**). Completion and attainment data were collected *manually* from TCD central reports, and in some instances these do not match with real-life observations. Moreover, there are many factors that impact performance. The School needs to locally record and collate completion data, including at a *module-level*, in order to identify gender trends (**Action 4.1.12**).



Action 4.1.11. The Director of UG Teaching & Learning will signpost all academic and personal supports available to UG students by developing a flowchart/infographic to be circulated once a term and included in UG inductions and the UG Student Handbook, to increase awareness of School-level supports.



Action 4.1.12. The annual gathering, analysis and review of UG student completion, attainment, and withdrawal (including reasons) will be operationalised at the module-level, to identify gender imbalances and determine whether attainment/completion rates are stable year to year.

Table 4.1.9. Completion rates (graduating with their initial cohort) and grade achievement; (A) Female and (B) Male

Course	A. Female						
		Completed					
Year (intake year)	Intake	Pass	2.2	2.1	1.1	Tot.	Comp. Rate
Medicine							
2017 (2012)	108	24	0	53	11	88	81%
2018 (2013)	102	27	0	57	8	92	90%
2019 (2014)	80	13	0	40	17	70	88%
TOTAL	290	64	0	150	36	250	86%
Human Health & Disease							
2017 (2013)	21	0	0	7	7	14	67%
2018 (2014)	21	0	0	7	5	12	57%
2019 (2015)	26	0	0	13	8	21	81%
TOTAL	68	0	0	27	20	47	69%
Human Nutrition & Dietetics							
2017 (2013)	22	0	0	4	11	15	68%
2018 (2014)	24	0	2	9	11	22	92%
2019 (2015)	22	0	2	4	12	18	82%
TOTAL	68	0	4	17	34	55	81%
Radiation Therapy							
2017 (2013)	32	0	1	17	4	22	69%
2018 (2014)	21	0	1	12	3	16	76%
2019 (2015)	23	0	2	12	2	16	70%
TOTAL	76	0	4	41	9	54	71%
Physiotherapy							
2017 (2013)	33	0	0	29	1	30	91%
2018 (2014)	31	0	1	19	4	24	77%
2019 (2015)	31	0	0	27	3	30	97%
TOTAL	95	0	1	75	8	84	88%
Occupational Therapy							
2017 (2013)	34	0	3	25	2	30	88%
2018 (2014)	36	0	3	30	3	36	100%
2019 (2015)	44	0	1	38	3	42	95%
TOTAL	114	0	7	93	8	108	95%

Footnote: (2.2 grade not available in Medicine).

	B. Male						
Course		Completed					
Year (intake year)	Intake	Pass	2.2	2.1	1.1	Tot.	Comp. Rate
Medicine							
2017 (2012)	78	17	0	33	0	50	64%
2018 (2013)	82	27	0	29	1	57	70%
2019 (2014)	96	17	0	42	9	68	71%
TOTAL	256	61	0	104	10	175	68%
Human Health & Disease							
2017 (2013)	11	0	1	3	1	5	45%
2018 (2014)	10	0	0	5	3	8	80%
2019 (2015)	8	0	0	6	1	7	88%
TOTAL	29	0	1	14	5	20	69%
Human Nutrition & Dietetics							
2017 (2013)	2	0	0	1	0	1	50%
2018 (2014)	0	0	0	0	0	0	0%
2019 (2015)	2	1	0	0	1	2	100%
TOTAL	4	1	0	1	1	3	75%
Radiation Therapy							
2017 (2013)	3	0	0	1	1	2	67%
2018 (2014)	7	0	0	4	1	5	100%
2019 (2015)	9	0	0	4	2	6	78%
TOTAL	19	0	0	9	4	13	84%
Physiotherapy							
2017 (2013)	10	0	1	3	1	5	50%
2018 (2014)	11	0	1	6	0	7	64%
2019 (2015)	10	0	0	6	0	6	60%
TOTAL	31	0	2	15	1	18	58%
Occupational Therapy							
2017 (2013)	3	0	2	1	0	3	100%
2018 (2014)	5	0	4	1	0	5	100%
2019 (2015)	3	0	0	1	0	1	33%
TOTAL	11	0	6	3	0	9	82%

%F who graduate with a First-Class degree is double for most programmes (Table 4.1.10). Compared to HEA (2019), we have slightly more females (19% *vs.* 17% nationally) and fewer males (9% *vs.* 11% nationally) obtaining First-Class honours.

Module-level analysis will deepen our understanding and inform actions (**Action 4.1.12**).

Table 4.1.10. UG Attainment Rate (All UG Degrees Combined)

UG Attainment Rate (All UG Degrees Combined)						
Year	Gender	Pass	2.2	2.1	1.1	Total
SoM 2017-2019	Female	64 (11%)	16 (3%)	403 (67%)	115 (19%)	598
	Male	62 (26%)	9 (4%)	146 (61%)	21 (9%)	238
HEA 2019	Female	345 (24%)	179 (12%)	670 (46%)	253 (17%)	1447
	Male	263 (33%)	137 (17%)	314 (39%)	88 (11%)	802

Intercalated MSc can be taken in *Medicine* (after Year 3). Uptake is higher among males (**Table 4.1.11**).

Table 4.1.11. Number of students in *Medicine* (56-57%F overall) who opted for an intercalated MSc

Year of Intercalated MSc	Peers Graduating	M	F	%F
2015/16	2017	11	11	50%
2016/17	2018	5	0	0%
2017/18	2019	9	4	31%
2018/19	2020	4	3	43%
2019/20	2021	4	5	56%

Becoming a **Trinity Scholar** is a major achievement (free accommodation; waived fees), for which students must perform exceptionally well in extra-curricular exams. The %F among Scholars in *Medicine* is disproportionately low (**Table 4.1.12**).

Table 4.1.12. Trinity Scholars by programme

Programme	2017/18			2018/19			2019/20			3-year period		
	F	M	%F	F	M	%F	F	M	%F	F	M	%F
Medicine	4	3	57%	3	4	43%	3	6	33%	10	13	43%
Physiotherapy	0	0		0	2	0%	0	0		0	2	0%
OccuTh	1	0	100%	0	0		2	0	100%	3	0	100%
TOTAL	5	3	63%	3	6	33%	5	6	45%	13	15	46%

Female students may be less likely to enter competitions. These effects can propagate; e.g. Scholars are more likely to take Intercalated Masters (no cost). The SoM will actively promote and encourage females to apply (**Action 4.1.13-4.1.14**), and collect data on applicants (**Action 4.1.15**).



Action 4.1.13. The SoM will raise awareness of intercalation and scholarship opportunities, through a range of targeted measures by hosting an annual '**Intercalation Evening Event**' for Year 3 Medical students, and '**Scholarship Evening Event**' for Year 1 students, particularly welcoming female applications.



Action 4.1.14. The Director of UG Teaching and Learning (DUGTL) will promote opportunities such as intercalation and other awards such as "Scholars" to UG students annually via '**UG Career Opportunity**' emails to the class highlighting upcoming competitions and encouraging participation.



Action 4.1.15. The School will gather data on the number of male and female students who applied (e.g. for intercalated MSc) or sat the extracurricular exams (e.g. for Scholars), or entered other competitions in the School. If % of females participating is lower than proportion in the course, this will be a datapoint flagging the need to encourage female participation.

iii. Numbers of men and women on postgraduate taught degrees

At PGT level, we observe a trend of increased gender imbalance (70%F, **Table 4.1.13**), which is slightly above the relevant national average of 68%.¹⁴ %F has slightly increased, particularly among full-time students (59%→69%, **Table 4.1.14**). Nonetheless, females remain a majority among our part-time students (70-75%), which is in alignment with UCD's SoM PGT studying part-time (76.6%).

Table 4.1.13. Postgraduate taught (PGT) Programmes

	2016/17			2017/18			2018/19			2019/20			All
Programme	F	M	%F	F	M	%F	F	M	%F	F	M	%F	%F
Cert	17	3	85%	15	9	63%	17	4	81%	5	3	63%	74%
Diploma	11	6	65%	13	5	72%	11	5	69%	15	5	75%	70%
Masters (taught)	125	64	66%	148	70	68%	146	60	71%	173	69	71%	69%
Total	153	73	68%	176	84	68%	174	69	72%	193	77	71%	70%

Table 4.1.14. Full-Time (FT), Part-Time (PT) and Online PGT Students

	2016/17			2017/18			2018/19			2019/20		
	F	M	%F	F	M	%F	F	M	%F	F	M	%F
FT	48	33	59%	56	33	63%	59	31	66%	81	36	69%
PT	91	39	70%	109	42	72%	102	34	75%	105	36	72%
Online	14	1	93%	11	9	55%	13	4	76%	7	5	58%
Total	153	73	68%	176	84	68%	174	69	72%	193	77	71%

PG surveys revealed the majority of students (62%F: 57%M) researched the School's website before enrolment. **Action 4.1.16.** will review the School's advertising and website material for PG courses, to ensure we are appealing to a wide, diverse audience and are gender-inclusive. In order to understand whether any barriers to pursuing study exist, the School will conduct specific career-focused consultation with students, based on findings from our 2020 PG survey (**Action 3.4**).



Action 4.1.16. The SAT will undertake a review and update of all PG (and alumni) student webpages and promotional material, to ensure inclusivity and promote a wide range of positive role models to students via positive action statements and case studies.

¹⁴<https://hea.ie/statistics/data-for-download-and-visualisations/data-for-download/2018-19-19-20-enrolments-by-programme-type-gender-iscd-broad-iscd-detailed-and-course-level/>

There has been an increase in female applicants for courses (60%→69%, **Table 4.1.15**), offers made to (61%→71%) and acceptances by females (61%→69%). While noting the growing female over-representation, those being offered a place are broadly in line with the applicant pool, suggesting that the selection processes are fair.

Table 4.1.15. Applications, Offers and Acceptance Rates for PGT courses

	PGT Applications			PGT Offers			PGT Accepted Offers		
	F	M	%F	F	M	%F	F	M	%F
2014/15	229	150	60%	140	91	61%	119	75	61%
2015/16	235	159	60%	150	81	65%	127	76	63%
2016/17	269	136	66%	151	73	67%	120	61	66%
2017/18	256	124	67%	161	67	71%	131	61	68%
2018/19	290	133	69%	158	67	71%	131	58	69%

Completion rate is high and comparable between genders (**Tables 4.1.16-17**). We were unable to gather data on attainment (**Action 4.1.17**).



Action 4.1.17. Capture and maintain accurate records for attainment rates for PGT programmes.

Table 4.1.16. PGT Completion Rates

Year	Female			Male		
	Intake	Completed		Intake	Completed	
		N	%		N	%
2016/17	128	122	95%	59	53	90%
2017/18	146	130	89%	61	54	89%
2018/19	126	116	92%	58	53	91%
Total	434	393	91%	193	168	87%

Table 4.1.17. Completion by Course (by cluster), larger courses (with 10+ students)

		Total N	Female			Male		
			Intake	Compl.	% Compl.	Intake	Compl.	% Compl.
1. Biomed and Pharma Sciences Cluster								
Molecular Medicine	2016/17	16	11	11	100%	5	5	100%
	2017/18	23	15	13	87%	8	7	88%
	2018/19	20	11	11	100%	9	9	100%
Clinical Chemistry	2016/17	8	7	7	100%	1	-	100%
	2017/18	7	4	4	100%	3	3	100%
	2018/19	6	3	3	100%	3	3	100%
Neuroscience	2016/17	13	6	6	100%	7	5	71%
	2017/18	16	11	10	91%	5	4	80%
	2018/19	16	11	10	91%	5	5	100%
Pharmaceutical Medicine	2016/17	8	3	3	100%	5	5	100%
	2017/18	9	9	8	89%	0	0	0
	2018/19	9	6	6	100%	3	2	67%
Translational Oncology	2016/17	16	8	8	100%	8	7	88%
	2017/18	19	14	14	100%	5	5	100%
	2018/19	15	11	9	82%	4	4	100%
2. Health and Healthcare Cluster								
Global Health	2016/17	20	14	14	100%	6	6	100%
	2017/18	13	11	11	100%	2	1	50%
	2018/19	17	14	13	93%	3	2	67%
	2019/20	16	13	13	100%	3	2	67%
Health Services Management	2016/17	18	13	12	92%	5	4	80%
	2017/18	16	13	6	46%	3	-	-
	2018/19	10	8	3	38%	2	-	-
Healthcare Infection Management	2016/17	10	9	8	89%	1	1	100%
	2017/18	5	4	2	50%	1	1	100%
	2018/19	10	7	7	100%	3	3	100%
3. Mental Health Cluster								
Addiction Recovery	2017/18	-	-	-	-	-	-	-
	2018/19	10	5	5	100%	5	4	80%
	2019/20	13	10	7	70%	3	3	100%
Cognitive Psychotherapy	2016/17	6	2	2	100%	4	3	75%
	2017/18	-	-	-	-	-	-	-
	2018/19	7	5	5	100%	2	2	100%
Diploma in Cognitive Therapy	2016/17	11	8	8	100%	3	3	100%
	2017/18	16	12	12	100%	4	4	100%
	2018/19	13	9	9	100%	4	4	100%
Psychoanalytic Psychotherapy	2016/17	-	-	-	-	-	-	-
	2017/18	12	10	9	90%	2	2	100%
	2018/19	-	-	-	-	-	-	-
4. Imaging & Physical Cluster								
Certificate Clinical Exercise	2016/17	11	10	10	100%	1	1	100%
	2017/18	12	6	6	100%	6	6	100%
	2018/19	9	9	9	100%	0	0	0
Medical Imaging	2016/17	19	18	15	83%	1	1	100%
	2017/18	16	13	13	100%	3	3	100%
	2018/19	12	9	9	100%	3	3	100%
Sports Medicine	2016/17	9	7	7	100%	2	2	100%
	2017/18	11	6	5	83%	5	5	100%
	2018/19	8	5	5	100%	3	3	100%

iv. Numbers of men and women on postgraduate research degrees

Female participation is high among our PGR students (63%, **Table 4.1.18**), in line with national HEA benchmarks (64%F¹⁵). In part owing to the increased *number* of males, %F decreased slightly (69%→63%, **Figure 4.1.8-9**). %F part-time students (but not %M) increased (**Table 4.1.19, Figure 4.1.10**), likely reflecting a pursuit of study while balancing other commitments.

“Studying part-time has provided me with the knowledge needed to progress professionally and academically, while balancing personal and professional commitments.” (Part-time PGR, Female)

Across all our PGR degrees, we are in alignment with %F of UCD’s SoM. More males pursue MD and more females PhD. **Action 4.1.16** will ensure appropriate gender and role model representation across marketing materials. **Action 4.1.17** will help us understand the PGR experience.

Table 4.1.18. Postgraduate Research Students

	2016/17			2017/18			2018/19			2019/20		
Degree	F	M	%F	F	M	%F	F	M	%F	F	M	%F
PhD	117	50	70%	109	45	71%	109	60	64%	106	57	65%
MD	27	15	64%	25	16	61%	33	19	63%	36	25	59%
Doc	1	3	25%	2	3	40%	2	2	50%	1	2	33%
MSc	15	5	75%	10	2	83%	11	6	65%	8	6	57%
TOTAL	160	73	69%	146	66	69%	155	87	64%	151	90	63%

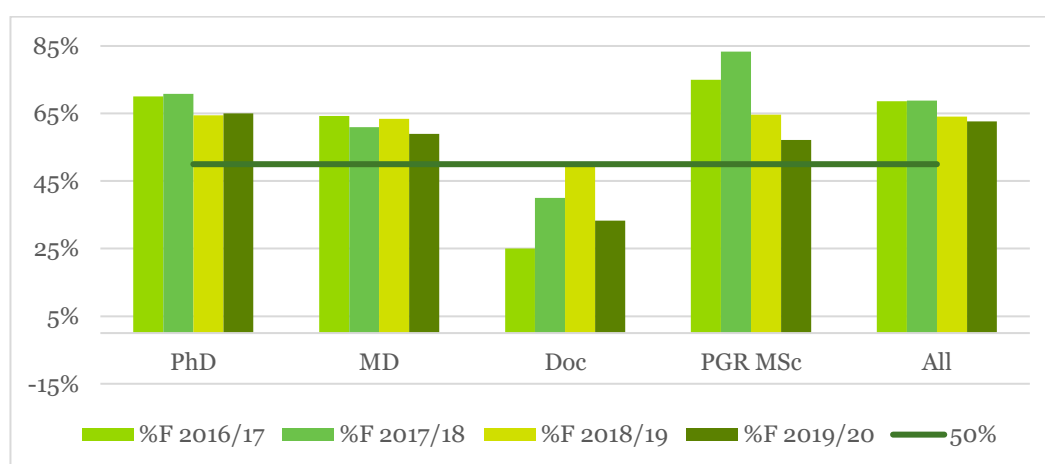


Figure 4.1.8. Proportion of female postgraduate research students (2016-2020)

¹⁵<https://hea.ie/statistics/data-for-download-and-visualisations/data-for-download/2018-19-20-enrolments-by-programme-type-gender-iscd-broad-iscd-detailed-and-course-level/>

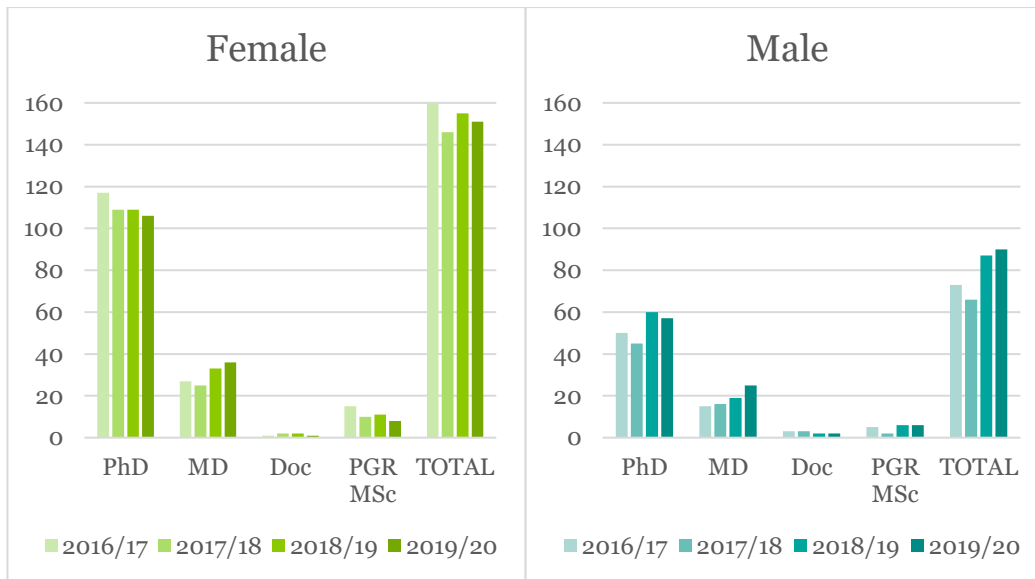


Figure 4.1.9. Number of PGR students by degree

Table 4.1.19. Full-Time (FT) and Part-Time (PT) Status of Postgraduate Research Students

	2016/17			2017/18			2018/19			2019/20		
	F	M	%F	F	M	%F	F	M	%F	F	M	%F
FT	114	47	71%	104	43	71%	104	61	63%	96	56	63%
PT	46	26	64%	42	23	65%	51	26	66%	55	34	62%
ALL	160	73	69%	146	66	69%	155	87	64%	151	90	63%
<i>FT</i>	<i>71%</i>	<i>64%</i>		<i>71%</i>	<i>65%</i>		<i>67%</i>	<i>70%</i>		<i>64%</i>	<i>62%</i>	

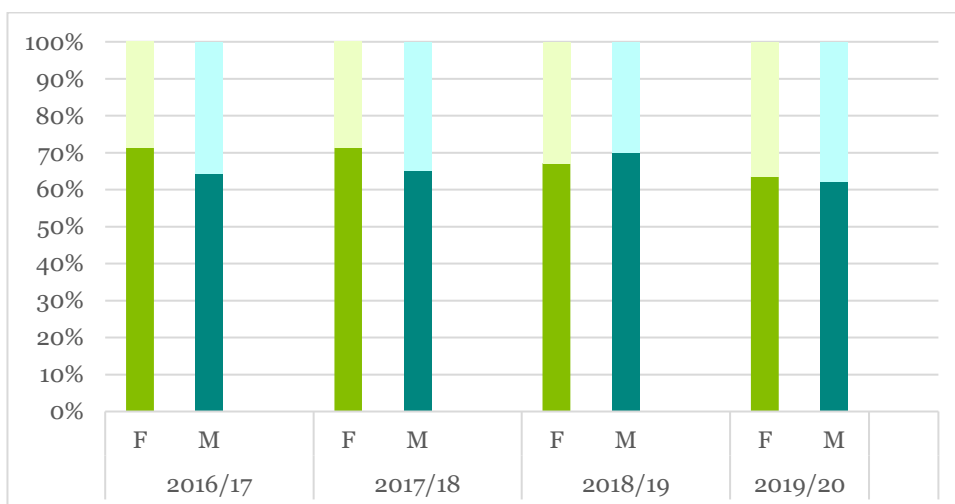


Figure 4.1.10. Percentage Full-Time (darker shade) and Part-Time (lighter shade) PGR Students by gender

The %F applicants was between 58-70%, converting to 57-79F% in accepted offers. The recruitment process is typically managed by the PI/supervisor and therefore, there may be bias (**Action 4.1.18**). **Action 4.1.19** will introduce mandatory EDI training for PIs/Supervisors. We note an increase in the number of males, leading to some decline in %F applicants (**Table 4.1.20**). Nonetheless, more female applications convert to an offer (**Figure 4.1.11**).

Table 4.1.20. Applications, Offers and Acceptance Rates (PGR)

	PGR Applications			PGR Offers			PGR Accepted Offers		
	F	M	%F	F	M	%F	F	M	%F
2014/15	70	30	70%	22	6	79%	22	6	79%
2015/16	62	33	65%	21	10	68%	15	9	63%
2016/17	45	32	58%	24	11	69%	20	11	65%
2017/18	50	34	60%	30	15	67%	29	14	67%
2018/19	61	40	60%	31	23	57%	31	23	57%

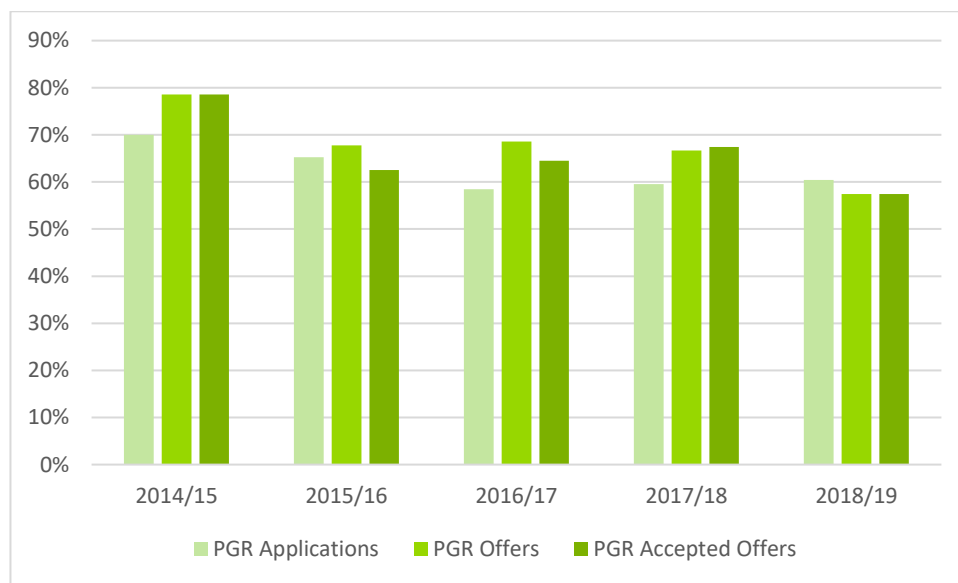


Figure 4.1.11. Proportion of female Applications, Offers and Acceptances



Action 4.1.19. For a subset of Research Student positions, gather complete data on applicants, those shortlisted and appointed by gender on an annual basis, to ensure school processes are not gender-biased.



Action 4.1.19. The School will liaise with TCD's EDI Unit to roll out their 'EDI in HE' online training for all new and existing PIs and PGR supervisors.

We lack gender-specific data for progression and completion (**Action 4.1.20**). A higher proportion of females in the survey (42%F *vs* 28%M) selected academic/research posts as their next move, and more males 'a private sector company' (22%M *vs* 12%F). Most agree that the School offers sufficient academic support (63%F *vs* 71%M). The School will use consultation findings (**Action 3.4**) to ensure we can build on the current supports.



Action 4.1.20. The SoM PG Office will collect and analyse data from SoM PG Office and TCD Academic Registry on time to completion of all research degrees by gender.

v. Progression pipeline between undergraduate and postgraduate levels

%F increases from 67% (UG), to 71% (PGT) and drops to 63%F (PGR). We are slightly above all national benchmarks (except PGR). We are aware of male under-representation in all our programmes.

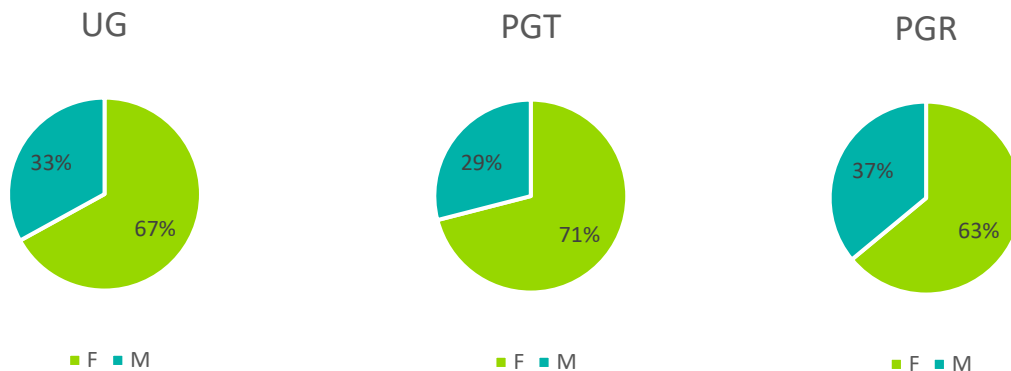


Figure 4.1.12. UG, PGT and PGR Students (2019/20) by gender

4.2. ACADEMIC AND RESEARCH STAFF DATA

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

Table 4.2.1 summarises grades for:

- *non-clinical academics* (teaching and research),
- *clinical academics* (teaching, research and clinical practice; joint contract with the healthcare partner), and
- *research staff* (research).

Lecturer/Registrars are non-consultant hospital doctors who hold temporary, fixed-term clinical lecturing posts, and may pursue clinical academic careers. They are included in our clinical academic pipeline for benchmarking purposes (similar to how other medical schools benchmark), but we have presented them separately throughout this section and **Section 5.1.1**, as they are a distinct cohort.

As Irish discipline-level data is not available, UCD's SoM (Bronze) is our primary benchmark; additionally, we refer to Queen's University Belfast, SoM, Dentistry and Biomedical Sciences (QUB, SMDBS, Gold) to provide further context.

Table 4.2.1. SoM Staff Grades by Staff Category (ordered by seniority)

Staff Grades		
Non-Clinical Academics	Clinical Academics	Research Staff
Chair Professor (or Chair)	Professor Consultant	Senior Research Fellow
Professor In	Associate Professor Consultant	Research Fellow (postdoctoral researcher)
Associate Professor	Senior Lecturer Consultant	Research Assistant (pre-doctoral researcher)
Assistant Professor >bar	Lecturer/Registrar	
Assistant Professor <bar		

Females comprise 63% of non-clinical academics (**Table 4.2.2**); a higher %F than similar Irish medical schools: UCD (47%F) and QUB (44%F). We see a concerning incremental increase in the %M in more senior non-clinical academic positions (**Figure 4.2.1**). At *Assistant Professor-below-the-bar*, 75% are female, whereas at *Chair* level female representation is 33%. Although our %F *Chairs* is above that of TCD's STEMM pipeline (26%F), and the national average (25%F¹⁶), the steady drop-off culminating in a low rate of female *Chairs*, requires further attention and action.

¹⁶<https://hea.ie/assets/uploads/2019/07/Higher-Education-Institutional-Staff-Profiles-by-Gender-2020.pdf>

Worryingly, %F among *Chairs* has decreased recently (**Figure 4.2.2**; two male *Chairs* were recruited, and one female and one male retired). To address this decrease, the School will apply to the HEA's SALI initiative (**Action 4.2.1**), which could move us to 40%F *Chairs*. The HoS and SEC will aim to fund a professorship post over this action plan award period, should the School's SALI application be unsuccessful (**Action 4.2.2**).

Table 4.2.2. Non-Clinical Academic Staff

	2018			2019			2020		
Category	F	M	%F	F	M	%F	F	M	%F
Non-Clinical Academic									
Chair Professor	4	5	44%	4	7	36%	3	6	33%
Professor In	3	3	50%	3	3	50%	5	4	56%
Associate Professor	13	9	59%	13	10	57%	15	10	60%
Assistant Professor>bar	33	11	75%	25	10	71%	27	14	66%
Assistant Professor<bar	15	11	58%	19	8	70%	15	5	75%
TOTAL	68	39	64%	64	38	63%	65	39	63%



Action 4.2.1. The School will apply for a SALI post (HEA initiative) during remaining calls for submissions.



Action 4.2.2. The School will aim to fund one Professorship post, in the event of the School's SALI application being unsuccessful.

It is imperative the School is supporting staff at *Associate Professor* grade to achieve the benchmarks required for promotion. From our survey, females in particular identified a lack of clarity on the promotion criteria as the main barrier in applying. We will consult with our female academics to understand how better to support their career progression (**Action 4.2.3**). Further linked actions will support mid-career/senior females.



Linked Actions: **5.1.4** HoS re-circulating posts across networks; **5.1.12** Promotions Mentoring; **5.1.13** Promotions Panel; **5.1.14** Identifying candidates for promotion; **5.3.6** Career-focused meetings; **5.3.9** Career Mentoring.

An additional priority is to address the lower proportion of males at *Assistant Professor<bar*, which notably departed from gender balance (58%F→75%F).



Linked Actions: 5.1.2 Granular recruitment data; 5.1.3 Inclusive Recruitment Statement; 5.3.3 EDI training/panels



Action 4.2.3. The School will conduct a focus group with mid-career and senior female academics (non-clinical and clinical) to understand any barriers/challenges to career advancement and what supports the School can provide regarding promotion.

Research staff numbers have increased, likely reflecting increased grant funding. %F research staff (70%) is higher than UCD SoM (54%F) but more in alignment with QUB SMDBS (65%F).

Table 4.2.3. Research Staff

	2018			2019			2020		
Category	F	M	%F	F	M	%F	F	M	%F
Research Staff									
Senior Research Fellow	-	-	-	7	5	58%	7	4	64%
Research Fellow	74	40	65%	68	35	66%	61	38	62%
Research Assistant	64	18	78%	66	17	80%	86	25	77%
TOTAL	138	58	70%	141	57	71%	154	67	70%

77% *Research Assistants* (RAs) are female. This is above %F in UG/PGT student cohorts (67%F/71%F) where RAs might be recruited from, but also above the %F among *Research Fellows* (RF, 62%), the next research grade up which requires a doctoral degree (%F undertaking PhD is 65%). This suggests that the drop-off might be driven by fewer females pursuing a doctoral degree - therefore, we endeavour to understand the reasons for RAs leaving (**Action 4.2.6**). SRF is a newly established grade (2019) and we will monitor the gender balance (**Action 4.2.4**).



Action 4.2.4. The School will monitor gender balance at *Research Fellow* and *Senior Research Fellow* grades through annual reporting, to identify any noticeable patterns and take early action.

We must also ensure that the gender gap does not continue to widen at the RA level and that the high proportion of females in these fixed-term roles (that have less-defined career pathways) are better supported.

"I think most research staff would welcome six-month reviews with their line manager as there is no structure currently in place to support us in our career development." (RA, Female)

A number of career planning supports for this vulnerable cohort have been implemented as a result of the AS process (**Section 5.3**). We will improve our recruitment process to ensure we are not unintentionally discriminating against our male applicants (**Section 5.1**). The SoM will enact TCD's upcoming procedures for hiring research staff.



Linked Actions: **5.1.1** Unconscious bias training; **5.1.3** Inclusive Recruitment Statement; **5.1.6** Hiring Research Staff; **5.1.7** Recruitment Checklist

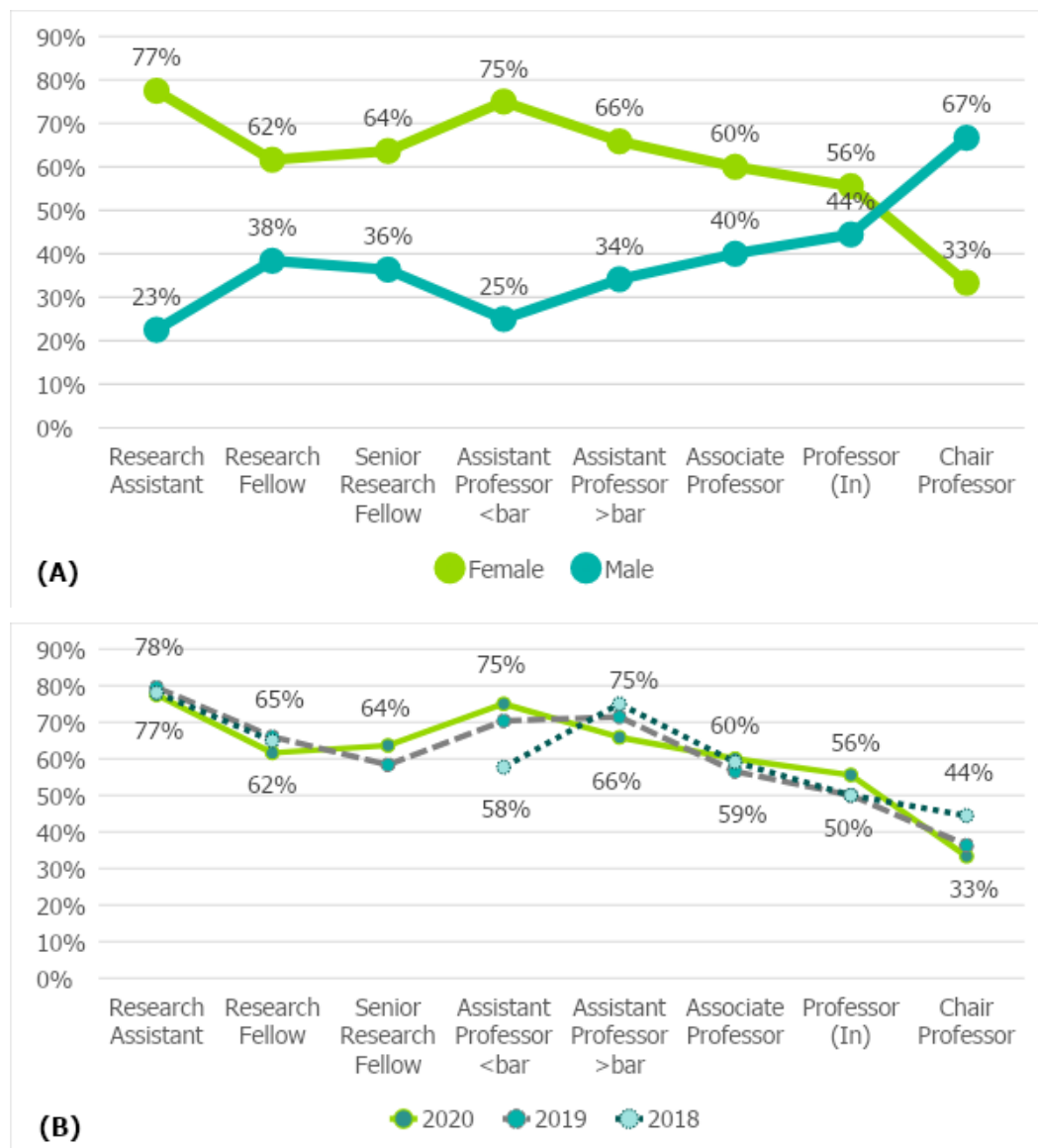


Figure 4.2.1. (A) Career Progression Pipeline for Research and Non-Clinical Academic Staff (2020); **(B)** %F in 3 consecutive years

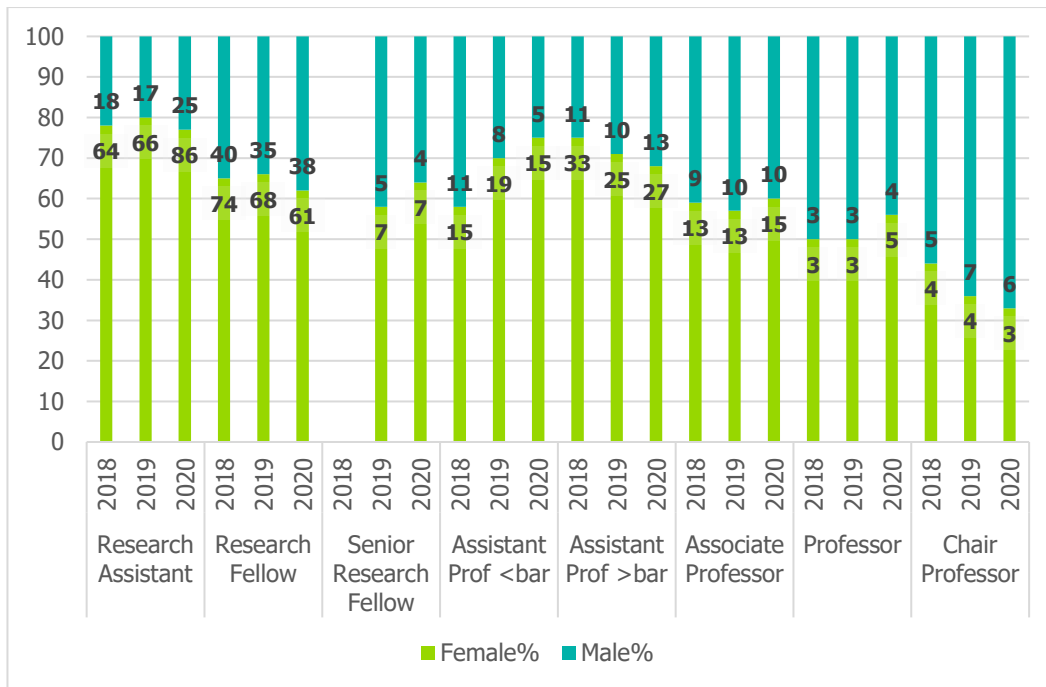


Figure 4.2.2. Career Progression Pipeline for Research and Non-Clinical Academic Staff (see Table 4.2.2)

Our **clinical** academic pipeline (52%F) is more gender balanced than both UCD's (48%F) and QUB SMDBS (32%F) clinical academics.

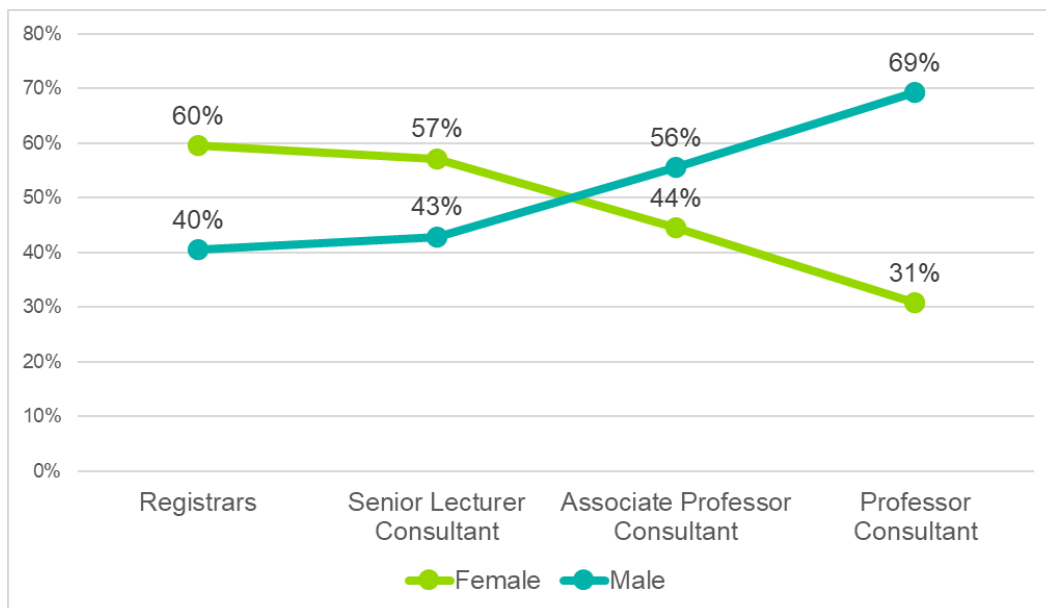
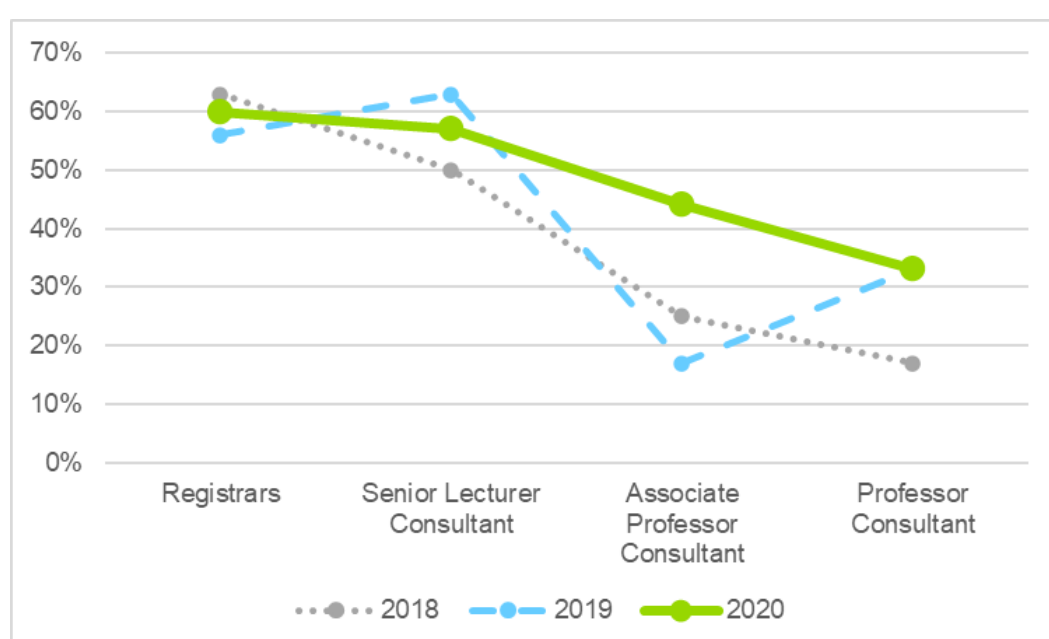


Figure 4.2.3. Career Progression Pipeline for Clinical Academic Staff

Table 4.2.4. Clinical Academic Staff

	2018			2019			2020		
Category	F	M	%F	F	M	%F	F	M	%F
Professor Consultant	2	8	20%	4	10	29%	4	9	31%
Associate Professor Consultant	1	3	25%	1	5	17%	4	5	44%
Senior Lecturer Consultant	3	3	50%	5	3	63%	4	3	57%
Lecturer/Registrars	20	12	63%	23	18	56%	25	17	60%
TOTAL	26	26	50%	33	36	48%	37	34	52%

**Figure 4.2.4.** Career Progression Pipeline for Clinical Academic Staff - %F in 3 consecutive years

Our *Lecturer/Registrars* are largely gender balanced. Our clinical staff career progression pipeline (**Figure 4.2.3**) shows an increasing %M in senior roles, from 60% (*Lecturer/Registrars*), to 31% (*Professor-Consultants*, **Table 4.2.4**). The gender imbalance has shown some signs of improvement at *Professor-Consultant*, and more notably at *Associate Professor-Consultant* level (**Figure 4.2.4**). In Ireland, 42.7% of hospital consultants are female which impacts the pool,¹⁷ although this varies by speciality (Intensive Care: 70%F, Paediatrics: 55%F, Surgery: 20.5%F).

¹⁷ <https://www.hse.ie/eng/staff/resources/our-workforce/workforce-reporting/health-service-employment-report-april-2021.pdf>

Anecdotally, a perception is that clinical academic roles (vs. clinical-only) are more difficult to balance with personal commitments.

Our clinical academics play a major part in students' experiences and are therefore pivotal role models. It is essential that we provide targeted career supports for our female clinical academics to enable them to reach promotion benchmarks, by understanding and addressing any barriers they might face (**Action 4.2.3**) and promoting AS within our partner hospitals (**Section 5.6**).



Linked Actions: 5.1.2 - 5.1.4 Recruitment; 5.1.12 – 5.1.14 Promotions; 5.3.6 Career-focused meetings; 5.6.3 AS posters hospital sites

ii. Academic and research staff by grade on fixed-term, open-ended/permanent and zero-hour contracts by gender

There are no zero-hour contracts. 56% of our female non-clinical academics (overall 63%F) hold permanent contracts (**Table 4.2.5**). We observe a higher proportion of female *Associate Professors* and *Assistant Professors*>bar on CID (contracts of indefinite duration [these staff have been employed on a temporary contract(s) for 4+ years] **Table 4.2.6**). New *Assistant Professors*<bar are typically on short-term tenure contracts (**Figure 4.2.5**). During this time, there is a multi-annual development plan, with the final review confirming tenure. We need data to confirm that progression to permanent contract is gender-balanced (**Action 4.2.5**).



Action 4.2.5. The School will liaise with HR to instigate a **review of all temporary Tenure Track Assistant Professor posts**, with a view to ensuring these posts achieve permanency where appropriate. A plan will be put in place towards achieving permanency in cases where this has not yet been achieved.

In line with the sector, our research staff contracts are typically linked to a specific research project and are fixed-term. The HoS has committed to prioritising and strengthening career development supports, in recognition of the precarity and vulnerability of this cohort (**Section 5.3**). A considerably lower number of female [*Senior*] *Research Fellows* hold CID (most hold temporary contracts, **Table 4.2.6**), which is at odds with the overall proportions. We are unsure as to why, and will monitor this data (**Action 4.2.4**).

Table 4.2.5. The Contract Status for non-clinical academic and research staff

Staff by Contract Type 2018-2020										
		2018			2019			2020		
Category		F	M	%F	F	M	%F	F	M	%F
Non-Clinical Academic	Temporary	22	12	65%	23	9	72%	21	9	70%
	CID	14	5	74%	11	5	69%	13	5	72%
	Permanent	32	22	59%	30	24	56%	31	24	56%
Research	Temporary	135	52	72%	138	51	73%	150	60	71%
	CID	3	6	33%	3	6	33%	4	7	36%
	Permanent	0	0	0%	0	0	0%	0	0	0%
TOTAL	Temporary	157	64	71%	161	60	73%	171	69	71%
	CID	17	11	61%	14	11	56%	17	12	59%
	Permanent	32	22	59%	30	24	56%	31	24	56%

Table 4.2.6. The Contract Status by Gender and Grades (2020). Ref %F taken from Table 4.2.2

	Temporary or Specific Purpose			CID			Permanent			Ref %F
	F	M	%F	F	M	%F	F	M	%F	
Academic										
Chair Prof	0	0	0%	0	0	0%	3	6	33%	33%
Prof In	1	0	100%	0	0	0%	4	4	50%	56%
Associate Prof	2	2	50%	2	1	67%	11	7	61%	60%
Assistant Prof >bar	7	6	54%	8	2	80%	12	5	71%	68%
Assistant Prof <bar	11	1	92%	3	2	60%	1	2	33%	75%
TOTAL	21	9	70%	13	5	72%	31	24	56%	63%
Research										
Senior Research Fellow	7	1	88%	0	3	0%	0	0	0%	64%
Research Fellow	60	34	64%	1	4	20%	0	0	0%	62%
Research Assistant	83	25	77%	3	0	100%	0	0	0%	77%
TOTAL	150	60	71%	4	7	36%	0	0	0%	70%
GRAND TOTAL	171	69	71%	17	12	59%	31	24	56%	68%

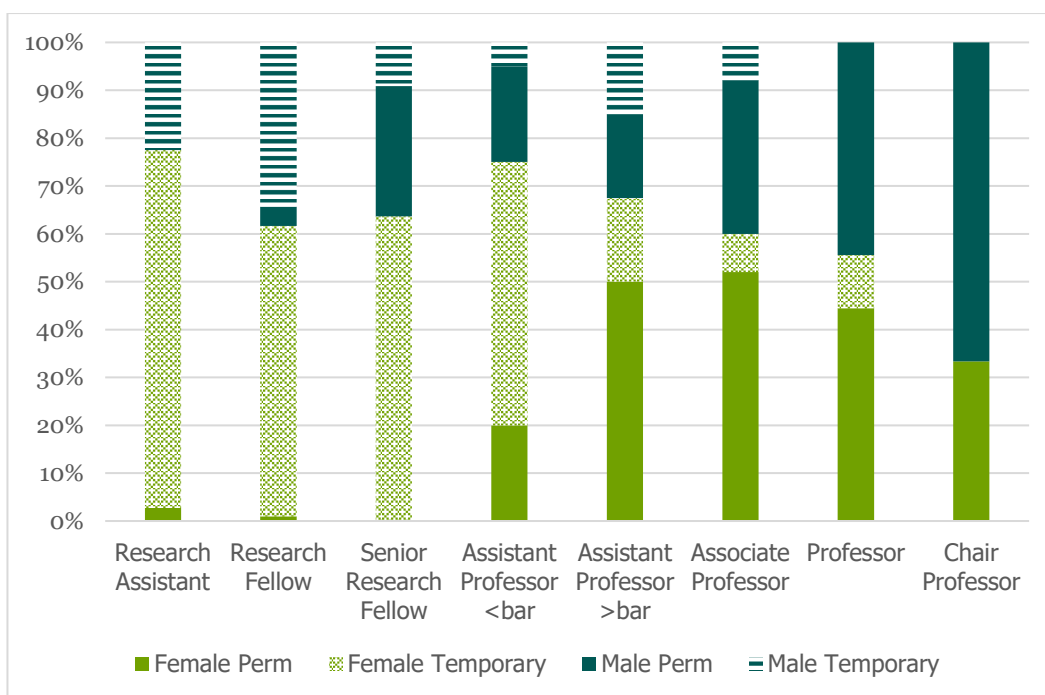


Figure 4.2.5. Permanent (solid fill, incl. contract of indefinite duration, CID) vs. Temporary Contracts (patterned fill)

No gendered trends were observed for clinical academics (Table 4.2.7-8).

Table 4.2.7. Clinical academic staff by contract type

Grade	Contract	2017/18			2018/19			2019/20		
		F	M	%F	F	M	%F	F	M	%F
Professor Consultant	Temporary	0	0	0%	0	0	0%	0	0	0%
	CID	0	0	0%	0	0	0%	0	0	0%
	Permanent	2	8	20%	4	10	29%	4	9	31%
Associate Professor Consultant	Temporary	0	0	0%	0	0	0%	1	0	100%
	CID	0	0	0%	0	1	0%	0	1	0%
	Permanent	1	3	25%	1	4	25%	3	4	43%
Senior Lecturer Consultant	Temporary	0	1	0%	0	0	0%	0	0	0%
	CID	0	1	0%	0	0	0%	0	0	0%
	Permanent	3	3	50%	5	3	63%	4	3	57%

Table 4.2.8. Lecturer/Registrars by contract type (by nature temporary)

Grade	Contract	2017/18			2018/19			2019/20		
		F	M	%F	F	M	%F	F	M	%F
Registrars	Temporary	18	12	60%	22	18	55%	24	17	59%
	CID	0	0	0%	0	0	0%	0	0	100%
	Permanent	0	0	0%	0	0	0%	0	0	0%

Part-time/Full-time Working

Non-Clinical Academic and Research Staff

Proportionally, more females work part-time. In 2020, the %F among part-time staff was 80%, compared to 68%F staff overall (**Table 4.2.9; Figure 4.2.6**), an increase from 2018, particularly among research staff. This might be a desirable accommodation for personal circumstances and preferences, or it can indicate unequal opportunities in employment, or unequal distribution of home life work-related obligations, which also need to be tackled, albeit at a societal level. Either way, this demands further investigation.

Survey comments identified a clear negative perception amongst part-time staff in relation to the level of School support for career progression. As part of our new annual career development meetings, line managers will be required to have supportive discussions on flexible and part-time working options (**Action 5.3.6**). Workload model actions (**Section 5.6**) will consider part-time working.

"I am lucky to have found part-time work to keep my career going but I worry about whether there is a next career development step available to me."

(Non-Clinical Academic, Female)

Table 4.2.9. The Full/Part-Time Employment of non-clinical academic and research staff

	2018			2019			2020		
	F	M	%F	F	M	%F	F	M	%F
Non-Clinical Academic									
Part-time	11	8	58%	9	5	64%	9	5	64%
Full-time	57	31	65%	55	33	63%	56	33	63%
TOTAL	68	39	64%	64	38	63%	65	38	63%
% part-time	16%	21%		14%	13%		14%	13%	
Research									
Part-time	19	6	76%	34	3	92%	35	6	85%
Full-time	119	52	70%	107	54	66%	119	61	66%
TOTAL	138	58	70%	141	57	71%	154	67	70%
% part-time	14%	10%		24%	5%		23%	9%	
Overall									
Part-time	30	14	68%	43	8	84%	44	11	80%
Full-time	176	83	68%	162	87	65%	175	94	65%
GRAND TOTAL	206	97	68%	205	95	68%	219	105	68%
% part-time	15%	14%		21%	8%		20%	10%	

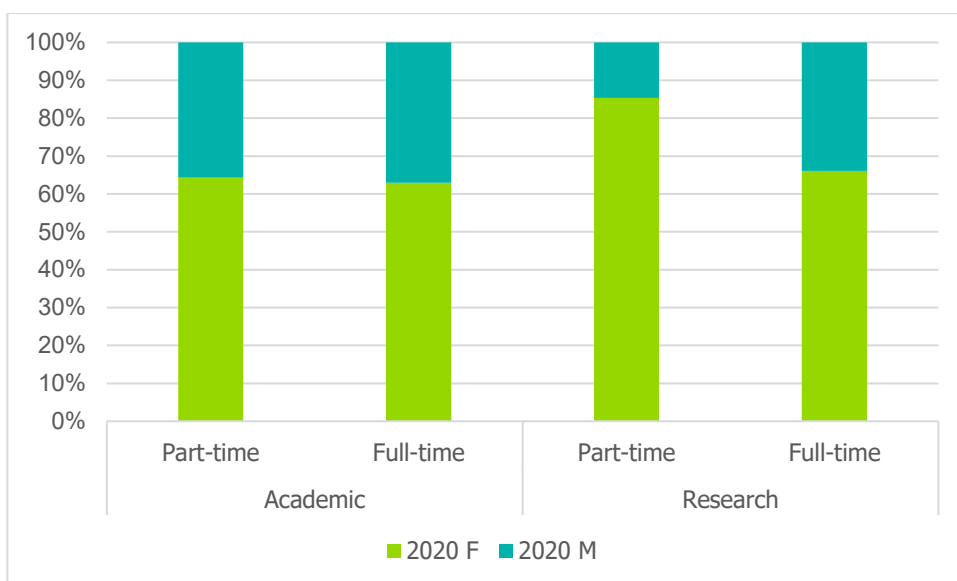


Figure 4.2.6. Proportion of part-time and full-time staff (2020)

The majority of clinical academics and Lecturer/Registrars work full-time (Table 4.2.10-11).

Table 4.2.10. Clinical Academic Staff by Full/Part-Time Employment

	2018			2019			2020		
	F	M	%F	F	M	%F	F	M	%F
Clinical Academic									
Part-time	0	4	0%	0	1	0%	0	1	0%
Full-time	6	12	33%	10	17	40%	12	16	44%
TOTAL	6	16	27%	10	18	31%	12	17	35%

Table 4.2.11. Lecturer/Registrars by Full/Part-Time Employment

	2018			2019			2020		
	F	M	%F	F	M	%F	F	M	%F
Registrars									
Part-time	0	0	100%	1	1	67%	0	0	100%
Full-time	18	12	60%	21	17	55%	24	17	59%
TOTAL	18	12	60%	22	18	55%	24	17	59%

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

We have manually collected data on 113 staff who left in the past 3 years (Table 4.2.12) and note it is likely to be incomplete. This needs to be improved (Action 4.2.6).

Table 4.2.12. Leavers by nature of leave

Reason for leaving	2018			2019			2020			2018-2020		
	F	M	%F	F	M	%F	F	M	%F	F	M	%F
New post	3	2	60%	3	2	60%	3	1	75%	9	5	64%
Resignation	12	5	71%	16	3	84%	13	2	87%	41	10	80%
End of contract	7	1	88%	11	7	61%	17	5	77%	35	13	73%
TOTAL	22	8	73%	30	12	71%	33	8	80%	85	28	75%

Concerningly, the %F leavers is higher than %F overall. The proportion of females who progress to start new positions is lower (64%), but who resign (which *can* mean they secured another post) is high and increasing, **Figure 4.2.7**). 73% of those leaving because of a contract ending are women. These findings are striking, potentially suggesting precarity and gendered impact, and therefore require prompt action.

The School will introduce exit interviews at the local level, with disciplines that have high numbers resigning prompting further investigation (**Action 4.2.6-7**).

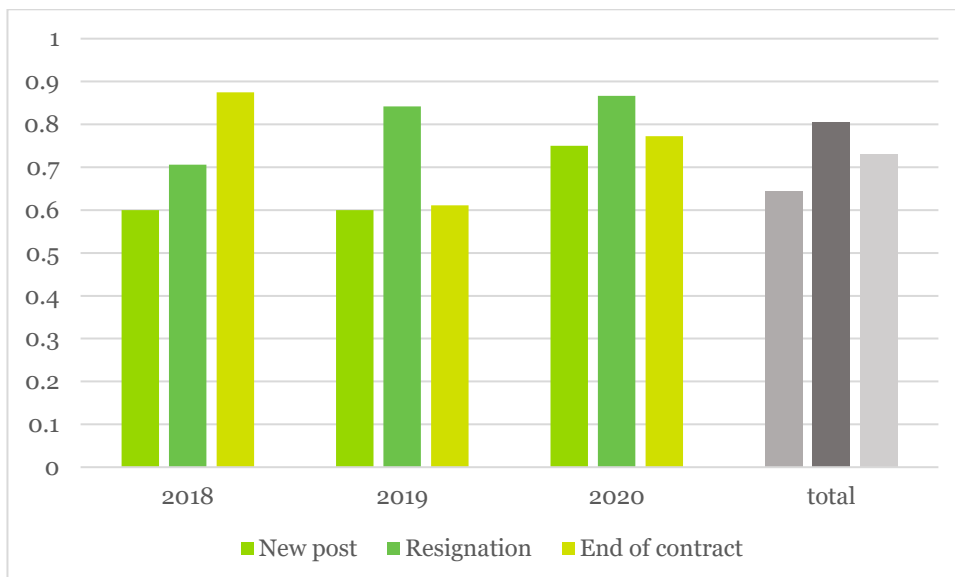


Figure 4.2.7. Percentage of female leavers based on the nature of the leave



Action 4.2.6. The School will operationalise the collection of accurate and complete data on school leavers, by gender.



Action 4.2.7. Based on annual reporting in **Action 4.2.6**, disciplines showing a high number of staff resigning will be flagged and investigated, to better understand if there are any HR concerns or issues needing addressing.

5. SUPPORTING AND ADVANCING CAREERS

5.1. KEY CAREER TRANSITION POINTS: ACADEMIC STAFF

i. Recruitment

Human resources (HR) run academic recruitment with the School, supporting a fair and transparent process, in line with TCD's Equality Policy:

- Job advertisements contain links to TCD's diversity statement, Equal Opportunities Policy, and AS logo
- Selection panels have gender balance (40-60%F)
- Advertisements contain gender-neutral wording
- Selection committee members undertake equality training (*EDI in HE*¹⁸ and UBT)

Considering the size of the School, it is concerning that only 16% (11%F: 21%M) of survey respondents have completed UBT. This figure could be low due to self-reporting, however, we will ensure UBT is mandatory for *all* staff and request a supplementary refresher from TCD EDI for all School hiring managers.



Action 5.1.1. The School will roll out essential unconscious bias training for all staff, to include a refresher for all School hiring managers, developed in liaison with TCD EDI.

The number of female *vs.* male applicants is higher for all grades in the School, except *Chair* positions (**Table 5.1.1**). Centrally in TCD, more men apply for academic posts, however, women's success rate is double that of men at all grades¹⁹.

¹⁸ <https://www.tcd.ie/equality/training/lead-online-training/>

¹⁹ TCD, AS Bronze, 2018

Table 5.1.1. Non-clinical academic recruitment

Grade	Applicants						Shortlisted						Appointed				Applicant Success Rate	
	F		M		Gender Unknown		F		M		Gender Unknown		F		M		F	M
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	%	%
Assistant Professor																		
2016/17	32	58%	19	35%	4	7%	16	64%	8	32%	1	4%	7	70%	3	30%	22%	16%
2017/18	22	35%	29	47%	11	18%	12	67%	6	33%	0	0%	6	86%	1	14%	27%	3%
2018/19	27	48%	20	36%	9	16%	13	72%	4	22%	1	6%	4	57%	3	43%	15%	15%
2019/20	31	58%	18	34%	4	8%	13	54%	9	38%	2	8%	6	86%	1	14%	19%	6%
Total	112	50%	86	38%	28	12%	54	64%	27	32%	4	5%	23	74%	8	26%	21%	9%
Associate Professor																		
2016/17	5	45%	6	55%	0	0%	2	50%	2	50%	0	0%	1	100%	0	0%	20%	0%
2017/18	2	67%	1	33%	0	0%	2	100%	0	0%	0	0%	1	100%	0	0%	50%	0%
2018/19	3	75%	1	25%	0	0%	2	67%	1	33%	0	0%	2	67%	1	33%	67%	100%
2019/20	3	100%	0	0%	0	0%	1	100%	0	0%	0	0%	1	100%	0	0%	33%	0%
Total	13	62%	8	38%	0	0%	7	70%	3	30%	0	0%	5	83%	1	17%	38%	13%
Professor																		
2016/17	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2017/18	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2018/19	2	67%	1	33%	0	0%	1	50%	1	50%	0	0%	1	50%	1	50%	50%	100%
2019/20	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	2	67%	1	33%	0	0%	1	50%	1	50%	0	0%	1	50%	1	50%	50%	100%
Chair Professor																		
2016/17	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2017/18	1	14%	6	86%	0	0%	0	0%	2	100%	0	0%	0	0%	1	100%	0%	17%
2018/19	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2019/20	3	19%	5	31%	8	50%	2	40%	3	60%	0	0%	0	0%	1	100%	0%	20%
Total	4	17%	11	48%	8	35%	2	29%	5	71%	0	0%	0	0%	2	100%	0%	18%
Grand Total	131	48%	106	39%	36	13%	64	62%	36	35%	4	4%	29	71%	12	29%	22%	11%

A pattern of an increasing %F from application, to shortlisting, to appointment is observed (**Table 5.1.1**). Success rates for female applicants is double at *Assistant Professor* (21% *vs.* 9%) and 3-fold higher at *Associate Professor* (38% *vs.* 13%). This finding could be due to females feeling confident to apply only when they meet *all* requirements of the post, resulting in female applicants being better qualified.

While the majority disagreed, female survey respondents were more likely to agree the School's recruitment process is biased (23% *vs* 15%M). Alongside training and positive action statements (**Action 5.1.7**), further information is needed to better understand why we are attracting less males so that we can put actions in place. Discipline-level recruitment data is not captured by HR, so to better contextualise our data set, a detailed analysis of academic recruitment data across the School will be carried out. An *Inclusive Recruitment Statement* will be developed, reminding panel members of potential unconscious or implicit bias.



Action 5.1.2. The School Office will collect and report on annual recruitment data by discipline and gender across all grades in the School in order to identify gender and discipline trends.



Action 5.1.3. Panel Chairs will be asked to read out loud TCD's Inclusive Recruitment Statement to remind panellist of their obligations in relation to EDI and draw members' attention to EDI and unconscious bias at all stages of the process.

Appointment success rates are inverted at senior grades. Starting with a higher number of male applicants, more are shortlisted and appointed. No females were appointed to a *Chair* position between 2016-2020, and one was appointed as *Professor*; both proportions being at odds with appointment rate at more junior posts and the higher %female in the sector. It is possible that women are less likely to apply for these senior posts. The HoS has agreed to personally implement **Action 5.1.4** at *Chair/Professor* competitions to broaden the applicant pool.



Action 5.1.4. The HoS will personally and widely re-distribute all *Chair/Professor* job advertisements (non-clinical and clinical) to all staff with references to the recruitment section of the EDI webpage, and request staff to share the vacancy across professional networks.



Linked Actions: **4.2.3** Career Workshops (Females); **5.3.3** EDI Training selection panels; **5.3.6** Career-focused meetings; **5.3.8-9** Mentoring.

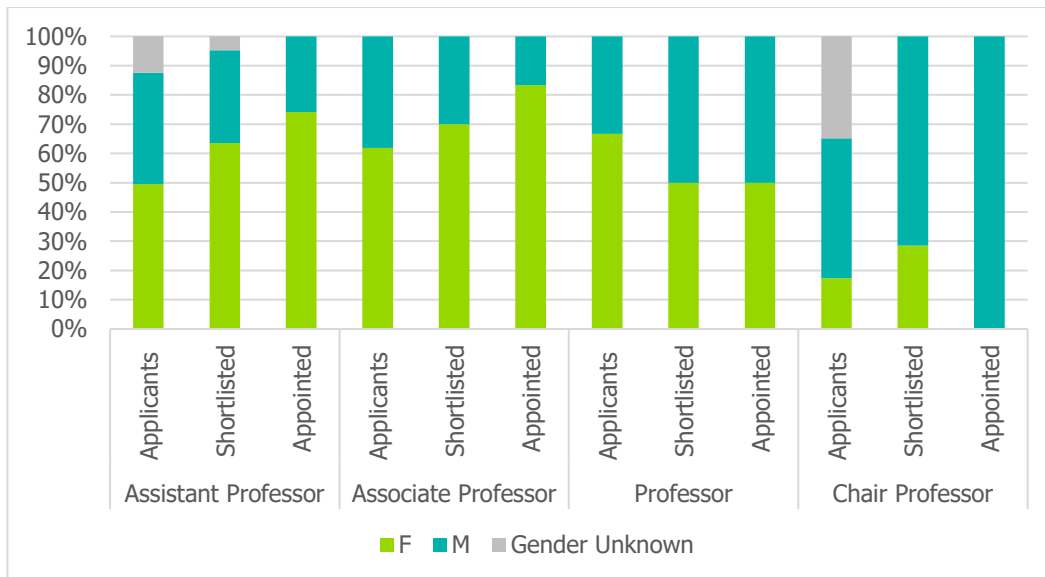


Figure 5.1.1. Non-Clinical Academic Recruitment (2016-2020)

For *Associate Professor-Consultant* posts, applicants were 50%F (**Table 5.1.2**) but for *Professor-Consultant* posts, there were just two (22%F). Both females (100%) and 3 males (43%) were shortlisted, and finally one female and one male appointed, showing a steadily increasing %F during recruitment (**Figure 5.1.2**). **Actions 5.1.1-5.1.4.** will apply to clinical academic recruitment to ensure an inclusive, gender-neutral recruitment process. **Actions 4.2.1-2.** will send a positive message of the School's commitment to gender equality in our senior posts.

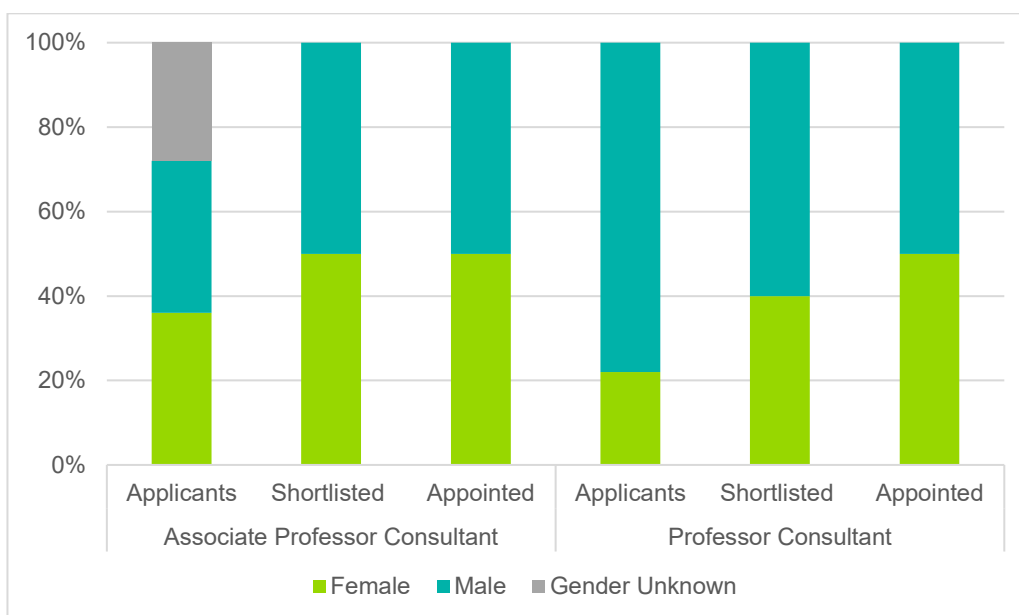


Figure 5.1.2. Clinical Academic Recruitment (2016-2020; no Senior Lecturer Consultant recruitment)

For *Lecturer/Registrar* posts (**Table 5.1.3**), where gender was known, applications were 43%F: 57%M, which is at odds with a higher %F graduating from *Medicine*. 58% of females who applied were shortlisted, and finally 37 females and 37 males were appointed. **Action 5.1.2.** will help us to better understand recruitment for this cohort, but there is a need to investigate if there are further barriers that explain the shortfall in females applying.



Action 5.1.5. Conduct a pulse survey with our Lecturer/Registrars to better understand and identify any barriers to applying for these trainee clinician posts.



Linked Actions: [4.2.1](#) SALI; [4.2.2](#) Funding Professorship post; [5.1.4](#), HoS recirculating Chair posts.

Table 5.1.2. Clinical academic recruitment

	Applicants							Shortlisted					Appointed				Success Rate	
	F		M		Unknown			F		M			F		M		F	M
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	%	%
Associate Professor Consultant																		
2017/18	2	33%	3	50%	1	17%	2	50%	2	50%	1	50%	1	50%	1	50%	50%	33%
2018/19	2	67%	1	33%	0	0	1	50%	1	50%	1	100%	0	0%	0	0%	50%	0%
2019/20	1	20%	1	20%	3	60%	1	50%	1	50%	1	100%	0	0%	1	100%	0%	100%
Total	5	36%	5	36%	4	29%	4	50%	4	50%	2	50%	2	50%	2	50%	40%	40%
Professor Consultant																		
2016/17	2	25%	6	75%	0	0	2	50%	2	50%	1	100%	0	0	0	0	50%	0%
2019/20	0	0%	1	100%	0	0	0	0%	1	100%	0	0%	0	0	1	100%	0%	100%
Total	2	22%	7	78%	0	0%	2	40%	3	60%	1	50%	1	50%	1	50%	50%	14%
Grand Total	7	30%	12	52%	4	17%	6	46%	7	54%	3	50%	3	50%	3	50%	43%	25%

Table 5.1.3. Lecturer/Registrar recruitment

	Applicants						Shortlisted						Appointed				Applicant Success Rate		
	F			M			Unknown			F			F		M		F	M	%
	N	%		N	%		N	%		N	%		N	%	N	%			
Registrars																			
2016/17	36	30%		56	46%		29	24%		19	34%		30	54%	7	13%	9	50%	16%
2017/18	44	36%		46	38%		31	26%		30	63%		16	33%	2	4%	11	61%	15%
2018/19	28	31%		52	57%		11	12%		15	30%		31	62%	4	8%	5	36%	17%
2019/20	56	43%		65	50%		8	6%		31	54%		25	44%	1	2%	12	50%	18%
Total	164	35%		219	47%		79	17%		95	45%		102	48%	14	7%	37	50%	17%

HR does not currently collect research staff recruitment data: SoM Principal Investigators (PIs) manage the process, which may allow for bias. TCD's AS AP (3.4) to implement a TCD researcher recruitment model has not yet been operationalised, but work is commencing on this in 2022, led by HR and the Dean of Research. The School will support this model and request annual recruitment data.



Action 5.1.6. The School will support the rollout of the TCD Research Recruitment Model (TCD AS AP3.4) and lobby for annual data on research staff recruitment to be collected centrally by gender.

Alongside mandatory training for PIs (**Action 5.1.1**), the SAT will develop an *Inclusive Recruitment Checklist* for all job postings, with a specific campaign targeted at PIs. A statement that if a candidate is selected for interview, *the School will endeavour to accommodate personal circumstances where possible (for example, rescheduling the interview due to caring responsibilities)*, will be added to postings.



Action 5.1.7. The School will engage with TCD HR and establish an Inclusive Recruitment Checklist, in-line with TCD recruitment policies, to be used by all staff (including PIs) in all job postings and advertisements. An internal campaign will be run to raise awareness of this, targeted at PIs.



Linked Actions: 5.1.1 UBT, 5.1.3 Inclusive Recruitment Statement

ii. Induction

Staff are invited to TCD's induction, which is positively regarded. However, attendance (46%-64%) could be improved and the uptake is lower among male academics (**Table 5.1.4-6**).

Table 5.1.4. Academic (clinical and non-clinical) Central Induction Attendees from SoM

Year	New Hires (Academic)				Attendance (Academic)				
	F	M	Total	%F	F	%F of F hires	M	%M of M hires	%F among those attending
2017/18	8	3	11	73%	5	63%	2	67%	71%
2018/19	8	5	13	62%	5	63%	1	20%	83%
2019/20	7	4	11	64%	6	86%	1	25%	86%

Table 5.1.5. Research Staff Central Induction Attendees from SoM

Attendance (Research Staff)				
Year	F	M	Total	%F
2017/18	4	2	6	67%
2018/19	19	8	27	70%
2019/20	7	5	12	58%

Table 5.1.6. PMSS Central Induction Attendees from SoM

Attendance (PMSS)				
Year	F	M	Total	%F
2017/18	1	0	1	100%
2018/19	9	0	9	100%
2019/20	4	3	7	57%



Action 5.1.8. The HoS to encourage all new staff to attend TCD's central HR induction.

There is no SoM induction. As a result, new hires over the past three years reported mixed experiences. HoDs and line managers are responsible for local induction, and 88%F and 87%M staff note relying on informal support from colleagues, with the process being “self-led”.

“No induction. No standard procedures in place.” (PMSS, Female)

“Very transparent induction. My HoD is excellent.” (Non-Clinical Academic, Female)

More females have many (33%F vs. 20%M) or some (28%F vs. 23%M) concerns regarding a school-level induction (**Table 5.1.7**). Survey and FGs show a consensus that a formalised, School induction providing information on career pathways would benefit staff. Clinical staff highlighted that induction should be online to facilitate staff working offsite. To further support new hires, a ‘buddy’ staff member (from a different SoM discipline/unit), will be assigned to new hires.

“I found things out through colleagues about all the opportunities available. Having this information in one space would be useful.” (Clinical Academic, Female)



Action 5.1.9. The SoM will develop and pilot a comprehensive, standardised school-level induction for staff.

Table 5.1.7. Survey responses regarding induction (all staff categories)

I have concerns regarding a school-level induction:		
	F	M
I have many concerns	33%	20%
I have some concerns	28%	23%
I have no concerns	36%	57%
I am unsure	3%	0%



Action 5.1.10. The School will pilot a “buddy” process where all new hires will be assigned a staff member from within the School (but within a different discipline or unit to the new hire).



Linked Actions: 5.3.6 Career-focused meetings

iii. Promotion

TCD HR manage the academic promotions process. Staff can apply annually when a call is issued (via HR email). To apply, candidates submit a portfolio; weightings for each section differ, depending on the promotion grade being sought. The HoS and HoDs typically provide guidance and assistance.

HR do not disaggregate promotions data by non-clinical and clinical academics. Data is supplied combined over the period (2015-2018) for data protection reasons which makes trend analysis or accounting for the eligible cohort per year difficult. Current data suggests that female application rate is still below the %F in the current grade (**Table 5.1.8**).



Action 5.1.11. The HoS will request that TCD HR shares promotions data with the HoS and ASC, disaggregated by year, gender and staff category (non-clinical academic and clinical academic), in order to deepen our analysis and action any concerning gender trends.

Table 5.1 8. Promotions Data (2015-2018)

Promotions Data 2015-2018											
		Applicants				Successful				Applicant Success Rate	
Current Grade (% female in grade)	Grade Sought	F	M	All	%F	F	M	All	%F	%F	%M
Assistant Professor > bar (66%)	Associate Professor	12	7	19	63%	6	2	8	75%	50%	29%
Associate Professor (60%)	Professor In	10	9	19	53%	4	3	7	57%	40%	33%
Professor In (56%)	Chair Professor	4	1	5	80%	1	0	1	100%	25%	0%

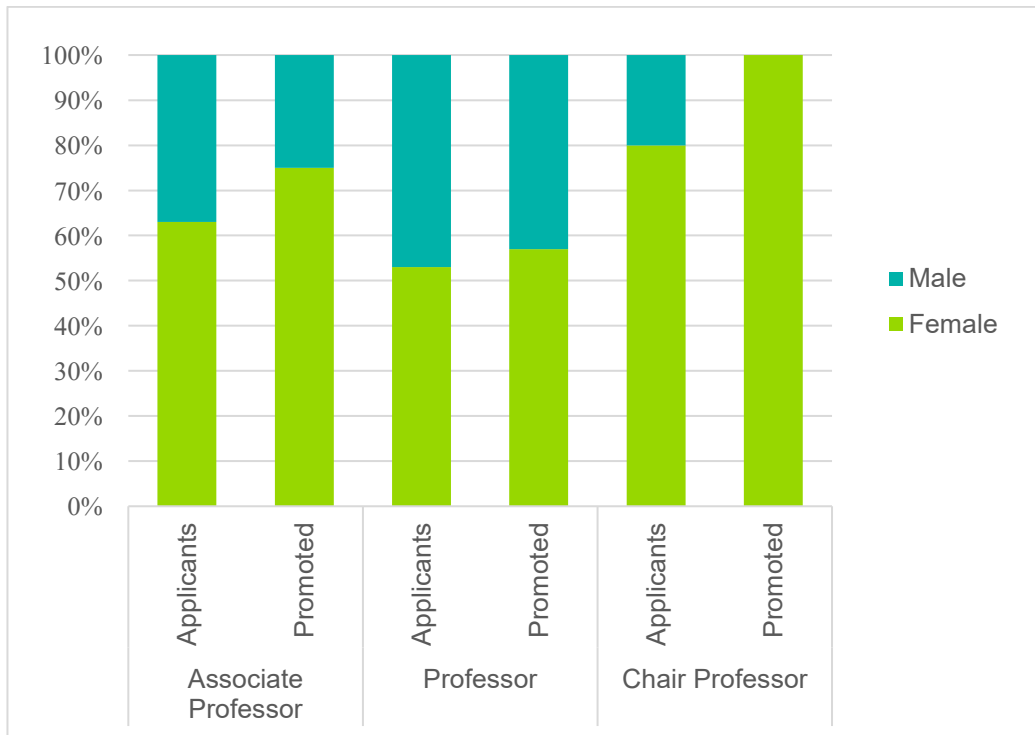


Figure 5.1.3. Senior Promotions Data by Grade sought

Success rate was higher for females across all grades (**Figure 5.1.3**). Together, these data suggest that encouraging and supporting women to apply might improve gender balance at senior grades. Promotions within the University²⁰ are

²⁰<https://www.tcd.ie/equality/assets/docs/Trinity%20College%20Dublin%20Institutional%20Brochure%20Renewal%202018.pdf>

infrequent, which account for a mixed perception of the process. Survey and focus group reports suggest (Figure 5.1.4-5):

- Lack of clarity on promotions criteria
- Staff (particularly females) would welcome additional School support
- Uncertainty in approaching line managers for promotion support
- Confusion surrounding the 'special circumstances' form for personal circumstances, with females less likely to feel the process considers individual strengths/weaknesses (14%F vs. 27%M)
- Half of females versus 22% of males perceive COVID-19 as impacting working conditions for staff differently, depending on gender with FGs confirming this perception

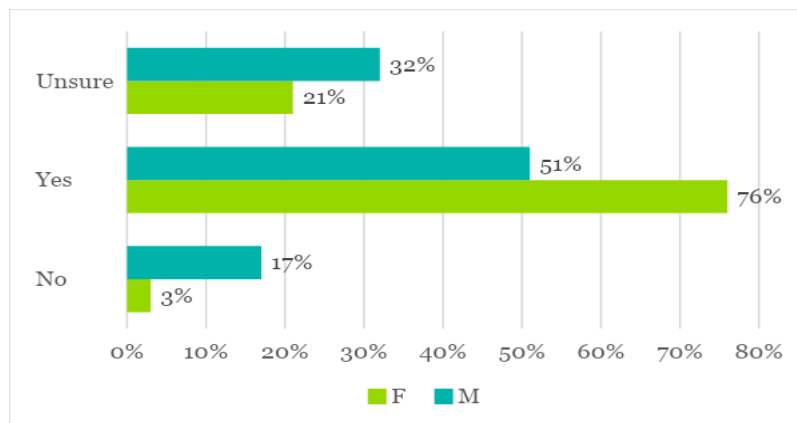


Figure 5.1.4. Academic Survey Responses: Would additional support from the School increase your engagement with the promotion process?

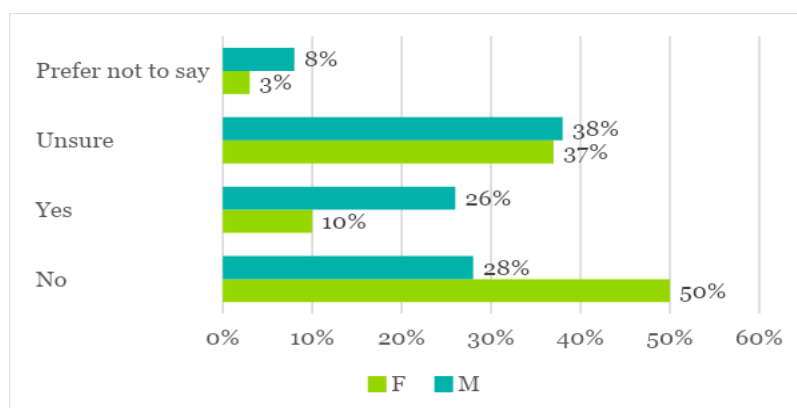


Figure 5.1.5. Academic Survey Responses: I feel that the School provides good support for promotion

"Not sure when to approach my line manager. It would be embarrassing if I did too early and they discourage it." (Clinical Academic, Female)

"I have been experiencing increased caring responsibilities since COVID and worry about the impact on research which is critical for promotion." (Non-Clinical Academic, Male)

"Women who have lost career time to significant caring should have this period factored into matrices that measure performance for promotion." (Non-Clinical Academic, Female)



Action 5.1.12. The School will pilot a bespoke promotions-specific mentoring programme, targeted at all eligible staff (particularly encouraging females).



Action 5.1.13. The SoM will run an annual "Promotions Panel" event for staff, to 'debunk' the promotions process and improve clarity around the supports available both within TCD and the School. The panel will include: recently successful promotions candidates sharing their 'success stories'; and staff who have recently sat on promotions panels to share their insight.



Action 5.1.14. All SoM HoD/Line managers will encourage candidates eligible for promotion, as part of **Action 5.3.6**, particularly paying attention to any strong female candidates for each upcoming promotions call. Staff will be encouraged to request a promotions mentor (**Action 5.1.12**).



Linked Actions: **4.2.3** Career Workshops (Females); **5.1.4** HoS recirculating Chair posts; **5.3.8-9** Mentoring.

Action 5.3.6 (Career Development Meeting) will see promotion added to the new appraisal checklist, to prompt discussion around promotion between staff and line managers.

Alongside written feedback, the FHS Dean and HR Partner offer to meet with applicants to provide feedback on promotion outcomes. Half of survey respondents (51%) noted that they fully understood the reasons for an unsuccessful outcome. Less females indicated receiving feedback (83%M, 63%F) - it is essential to understand why – was it not requested, or was it not provided?



Action 5.1.15. The School will request data on unsuccessful candidates who requested feedback by gender and whether feedback was provided.

5.3. CAREER DEVELOPMENT: ACADEMIC STAFF

i. Training

Staff professional development training is offered by HR and the Centre for Academic Practice and eLearning (CAPSL) to all staff. Survey respondents indicated that 69% (71%F: 64%M) have attended training during the past year. Our HR data, however, (**Table 5.3.1-2**), suggests a strong need to increase the uptake, particularly from male staff.

The School will endorse central training opportunities to encourage uptake (**Actions 5.3.1-5.3.2**). Line managers will discuss training as part of the new annual career development meeting (**Action 5.3.6**). The new school induction process will include clear information on training resources (**Action 5.1.9**).



Action 5.3.1. The HoS, School Manager and Director of Research will re-circulate and endorse central training and mentoring opportunities to their respective staff cohorts, highlighting the School's support for partaking in career development activities.



Action 5.3.2. The School will add upcoming training opportunities to the School's monthly publication, by establishing a 'Career Development Corner'.



Linked Actions: **5.1.9** School Induction, **5.3.6** Career-focused meetings.

A high proportion (79%F: 66%M) agreed they would be interested in further EDI training. The School will advertise and promote the new national 'EDI in HE' e-learning programme to all staff through targeting specific cohorts over the next 4 years, with all those sitting on selection panels required to complete this training.



Action 5.3.3. The School will advertise and promote the new national EDI e-learning programme to all staff, with those sitting on selection panels required to complete this as a piece of **essential EDI training**, prior to sitting on a panel.

Table 5.3.1. Attendees, CAPSL training and Special Purpose Certificate in Academic Practice

CAPSL training				
Academic Year	F	M	T	%F
2016-17	51	17	68	75%
2017-18	53	26	79	67%
2018-19	38	16	54	70%
Special Purpose Certificate in Academic Practice				
2016-17	18	5	23	78%
2017-18	24	5	29	83%
2018-19	22	10	32	69%
Total	206	79	285	72%

Table 5.3.2. Examples of Central Training Uptake, SoM

	2017/18			2018/19			2019/20		
Training/Course Category	F	M	%F	F	M	%F	F	M	%F
Aurora Leadership Programme	1	-	100%	1	-	100%	2	-	100%
All Leadership Training	22	11	67%	-	-	-	5	1	83%
Mentoring	-	-	-	1	0	100%	2	0	100%
Professional Skills Programme	10	3	77%	41	14	75%	10	3	77%

Female staff can apply for a place on the highly sought-after Aurora Programme, funded by the University and run by the EDI Office/HR. TCD secured additional places (2021) and data suggests those securing places within the School is low. The School will promote Aurora to increase uptake (**Action 5.3.4**).

“A fantastic experience that included development of skills: time management, CV and interview preparation, unconscious bias and also discussed the myth of family-work balance.” (Non-Clinical, Female)



Action 5.3.4. The School will launch an internal awareness-raising campaign of TCD's Aurora programme, to include case studies of those who previously partook.

The uptake of UBT differed by gender (staff survey: M:21%; F:11%). 80% of respondents reported being made aware of unconscious bias in their everyday work life (**Action 5.1.1**). The effectiveness of training will be monitored (**Action 5.3.5**).



Action 5.3.5. The effectiveness of all EDI and professional training will be monitored via AS Staff Surveys to ensure we build a fuller picture of this activity within the School.



Linked Action: [5.1.1](#) UBT.

ii. Appraisal/development review

There is currently no formal appraisal/development review process in the School or University, although there is one currently in development at the University-level.

Current appraisals/reviews (if carried out) are informal, ad hoc and often employee-driven (excluding Probation Reports for all new staff). While some line managers do have supportive conversations regarding an individual's personal development, these tend to be divorced from career development. Consultation suggests a low proportion of staff discuss career development with their manager (34%F *vs* 28%M). In FGs, research and clinical academic staff were in favour of making a career-focused meeting a standard across the School.

*"I do not, and have never, had an annual review/appraisal with my line manager."
(Non-Clinical Academic, Female)*

"Your annual review would be a great place to learn about promotion opportunities or possibilities." (Clinical Academic, Female)

Based on these findings, the SAT feel a career-focused review is promptly needed (**Action 5.3.6**), as there is no timeline for the introduction of TCD's central appraisal process, which the SoM will enact when rolled out.



Action 5.3.6. The School will develop a career-focused form, with a view to all line managers and PIs conducting an annual career-focused meeting with their staff.



Action 5.3.7. The School will adopt and enact College's formal appraisal system for all academic and research staff once this is in place.



Linked Actions: 5.6.20-21, Workload

FGs highlighted that support should be given to line managers in managing career development discussions (setting a timeframe, providing a framework, etc). This was cited as having a significantly positive impact on the experience for an employee. Interestingly, senior leaders in our FG felt that they regularly facilitate these discussions with their staff. The School will ensure HR deliver training and guidance around College's appraisal and School-level processes (**Action 5.3.7** and **5.3.12**).

iii. Support given to academic staff for career development

HR offers a wide range of career development opportunities to support academic and research staff in TCD.

- Two mentoring programmes, for early-career *and* mid-career/senior academics
- Leadership training (including Aurora, **Section 5.3.1**)
- Comprehensive career development workshops and programmes.

Our staff survey revealed a low uptake of TCD training and gender difference: 9% of female and 14% of male academic staff have completed leadership and management training, while more females (32%) versus males (14%) have taken part in professional career development programmes. Most survey respondents (53%F; 60%M) cited 'online webpages' as the main communication channel for accessing this information. Alongside re-endorsing central career development opportunities (**Action 5.3.1-5.3.2**), the SoM will raise the profile of both School and TCD opportunities by establishing a 'Career Advancement' webpage, to include staff testimonials (**Action 5.3.8**).

"I am not aware of what specific career development opportunities the School offers, but it would be useful to have something in addition to what College provides." (Non-Clinical Academic, Male)



Action 5.3.8. The SoM will raise the profile of TCD career development services (including mentoring schemes) by establishing a dedicated School webpage for career advancement, accessible for all staff categories.

SoM uptake for early-career mentoring shows that engagement could be stronger (particularly for females). 16F/5M *Assistant Professors* were recruited but data suggests only 6F/4M engaged (**Table 5.3.3**). The majority of staff believe that having a mentor (formal or informal) has assisted them (survey: 89%F: 86%M). FG participants unanimously felt that mentoring was key for career development (**Action 5.3.1**).



Linked Actions: 5.3.1 Training & mentoring

Table 5.3.3. Staff who have partaken in central Mentoring Courses

Academic Year	Mentoring Course Undertaken	Mentee		Mentor		%F
		F	M	F	M	
2017/18	Early Career	1	1	1	1	50%
2017/18	Momentum Programme	1	2	2	1	50%
2018/19	Early Career	3	1	2	1	71%
2018/19	Momentum Programme	1	0	0	0	100%
2019/20	Early Career	2	1	1	1	60%
2019/20	Momentum Programme	0	0	0	0	N/A
Total	All Mentoring	8	5	6	4	61%

The SoM has a dedicated Research Office (RO) offering a range of training initiatives from grant writing support to mentoring, targeted at early-career researchers (including *RFs*). TRAMS (Teaching, Research and Academic Mentoring Scheme), is a cross-institutional mentoring scheme originally established by the Universities of St. Andrews and Dundee, open to academic (clinical/non-clinical) and research staff within the School (**Table 5.3.4**).

Feedback from both mentors and mentees is unanimously positive (**Action 5.3.9**). Data on TRAMS and all other career supports will be operationalised and reported on by gender annually and future surveys will include targeted questions (**Action 5.3.10**).

Table 5.3.4. Snapshot of TRAMS participants from the School, by role

Role	2020		
	F	M	%F
Mentees	5	2	71%
Mentor	2	3	40%
Engaged as both	4	0	100%
Staff Category			
Non-Clinical Academic	6	4	60%
Clinical Academic	2	0	100%
Research	3	1	75%



Action 5.3.9. The SoM will continue to grow opportunities, increase awareness and encourage uptake of TRAMS, particularly ensuring our clinical academic and research staff are aware of their eligibility for this by: hosting an annual School Mentoring Workshop; case studies; circulating the TRAMS documents to all line managers and PIs.



Action 5.3.10. The SoM Research Office will operationalise and report on data by gender for all career development initiatives staff engage with in the School (including TRAMS). Attendance and guest speakers at future lunchtime seminar series will be tracked.

We hope to see measurable impact over the action plan lifecycle by promoting mentoring (**Action 5.3.9**), supporting career development-focused meetings, introducing induction ‘peer-buddying’, and school-level promotions mentoring and panels.



Linked Actions: **5.1.9 & 5.1.10** Induction & buddying; **5.3.6** Career-focused meetings; **5.1.12 - 5.1.14** Promotion supports.

Fellowship

Academic staff can be nominated for Fellowship. This honorary title can be awarded following a rigorous review process and election of candidates by the College’s Fellows (in SoM, 22F/24M). %F applying is high (**Table 5.3.5**). Data will be monitored (**Action 5.3.11**).

Table 5.3.5. SoM Fellowship Applications and Outcomes

Fellowship	Applications				Shortlisted				Successful			
	M	F	All	%F	M	F	All	%F	M	F	All	%F
2020/21	1	4	5	80%	1	4	5	80%	1	3	4	75%
2019/20	2	4	6	67%	0	1	1	100%	0	1	1	100%
2018/19	2	5	7	71%	1	5	6	83%	0	3	3	100%



Action 5.3.11. The SoM will request granular data on Fellows in the School by gender annually.

Researchers can avail of:

- TCD, HR: **Professional Skills for Research Leaders (PSRL) programme** (**Table 5.3.6**). This programme is designed to help early/mid-career independent researchers develop their leadership, management and engagement strategies
- SoM, RO: Range of mentoring and grant writing supports
- Lunchtime seminar series for '**Early-Career Researcher Training for Impact 2021**', targeting early/mid-career researchers in the School. Data on attendance or speakers by gender is not captured at present (**Action 5.3.10**).

Table 5.3.6. Research staff who have attended the PSRL Programme

PSRL Programme	F	M
2017	10	2
2018 (not offered)	-	-
2019 (not offered)	-	-
2020	6	0

FG (Research Staff) highlighted their ability to avail of career development training opportunities is self-led and significantly impacted by their PI's approach; but career development needs to be supported regardless (**Action 5.3.12-5.3.13**). Consultation suggests research staff are largely unaware of mentoring opportunities. The Director of Research will raise awareness of all mentoring schemes, to increase the uptake (**Action 5.3.1**).

"Mentoring support would help. Mentoring support is there for a small, specific cohort, not for us." (RA, Female)

"Training opportunities seem to be costly and I don't know if the School would pay for this." (RF, Female)



Action 5.3.12. PIs and SoM line managers for research staff will receive training in conducting the School's new annual career-focused meeting and career-focused form (**Action 5.3.6**).



Action 5.3.13. The School will share case studies on our webpages of RAs who have benefitted from the School's career development opportunities.



Linked Actions: **5.3.1** Training & mentoring

Academic staff have access to career development funds annually provided by the University for external training and conferences. This fund will be reviewed by the SEC, to ensure that all research staff (particularly our RAs who are largely females holding less secure contracts), have access to protected funds annually.



Action 5.3.14. The School will review the current career development funds available to academic staff, with a view to ensuring that research staff are eligible to avail of this fund from the School's budget to support their career development training. This fund will be highlighted via the staff publication and at the Research Staff Network (**Action 5.3.15**).

The SoM remains committed to supporting the career development and progression of our staff, in particular early-career researchers. All staff consultation strongly suggests we need to visibly increase the awareness of career supports for this cohort.



Action 5.3.15. The School will establish an official Research Staff network, to formally support and showcase the work of RFs and RAs (to include a targeted annual career workshop). The Network will aim to improve visibility and communication (between the School and this cohort; for example flagging specific supports and opportunities).

iv. Support given to students for academic career progression

UG student supports

TCD:

- College Tutor assigned
- A **Career Advisory Service** (covering CV, interview skills and further PG options).

SoM:

- *MedSoc* (School's student society), provides opportunities for career development and networking
- TCD Student Medical Journal (TSMJ)
- Funding of all UG research projects and supports in publishing

To promote student's employability and career progression, and in recognition of academic achievement, the School offers 30+ medals/awards annually. Manual data captured as a part of AS process (only available for 2018), showed the proportion of female awardees (56%; 18/32) is mapping onto %F overall (56%; **Action 5.3.16**).



Action 5.3.16. The School Office will collate data by gender for all affiliated UG medals and awards associated with the School annually to track for any potential gender bias.



Linked Actions: [4.1.13](#) Intercalation/Scholars events; [4.1.14](#) Career Opportunity emails

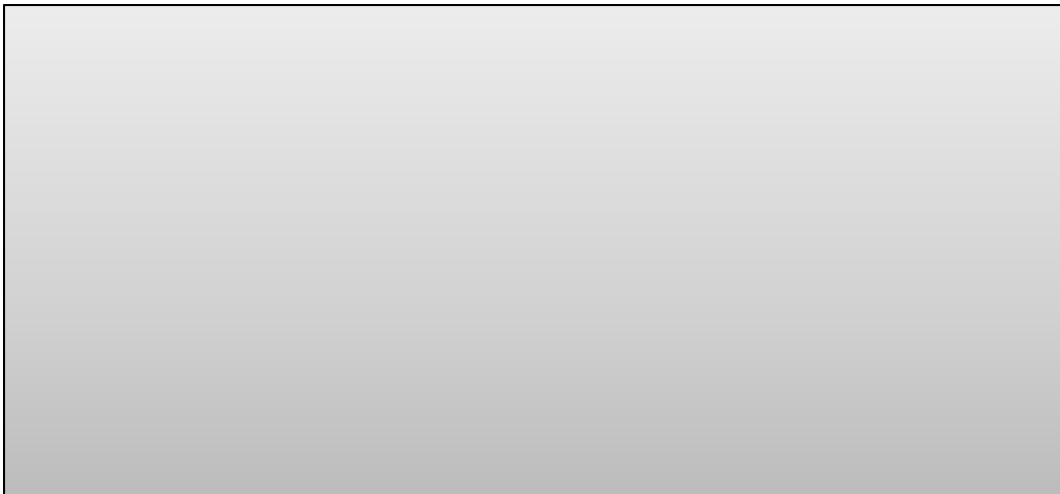


Figure 5.3.1. Stethoscope Ceremony (3rd year Medical students) transitioning into hospital placements

PG student supports:

TCD:

- Postgraduate Advisory Service
- students can avail of training opportunities, workshops and take credits in professional and personal development.
- Virtual TCD Open Day

PGR students are assigned a supervisor and mandatory thesis committee which provides support in advancing their research project, but mentoring for career development is often secondary. We need to ensure PGRs have appropriate career development support. The School will pilot a new PGR mentoring scheme.



Action 5.3.17. The Director of Research and Director of PGTL will establish a new PG mentoring scheme, whereby PGR students are paired with a postdoctoral mentor.

More male PGRs (59%) than females (46%) report being involved in teaching, which is an important experience in pursuing an academic career. We will collect data, to assess this finding further and ensure our female PGs are given equal opportunities to gain teaching experience.



Action 5.3.18. Gather data on PGR students' teaching commitments by gender from course directors. Prompt action will be taken (if needed) to ensure our female PG students are given opportunities to gain experience in teaching.

SoM:

- **Research symposiums;** giving students the opportunity to present their research in an informal, peer-mentoring setting.
- **Half-day Induction for new PGs;** piloted in 2020 and received overwhelmingly positive feedback (**Action 5.3.19**).

"Despite this odd year and all its restrictions, the online induction has been a lovely experience and helped me feel welcomed and closer to the School and some of its members." (PGT, Female)

- **PG seminars** (Chaired by the AD of PhD Studies); student, staff and practical talks, discussing staff career pathways and sharing tips and insights.
- Funding requests from *MedSoc* for lectures with **high-profile guests**.
- **PG fellowships and awards**.



Action 5.3.19. The SoM will run a (virtual) half-day induction for new PG students within core hours annually.



Figure 5.3.2. PG monthly seminar (February 2021)

The SoM PG Office does not currently collect data on PG symposiums, seminars, or PG fellowships and awards by gender.



Action 5.3.20. The SoM PG Office will collect data by gender for all PG events, to include speakers and attendees.



Action 5.3.21. The SoM PG Office will collate data by gender for all fellowships, awards and medals conferred to PG students to monitor for any potential bias.

Encouragingly, PG perceptions around the School's level of support in gaining key career development experience in skills such as grant writing, designing projects, etc. is positive (79%F: 86%M). However, less than half of PGs (47%F: 46%M) feel the School has provided clear information around future career options. The SAT will consult with male and female PG students to gain an insight into their chosen field of study and career aspirations (**Action 3.4**).

"I would love the opportunity to learn more about the various career opportunities within academia, clinical or industry available to me after I complete my PhD." (PG, Female)



Action 5.3.22. The SoM PG Office will develop a career progression webpage that highlights career roadmaps and initiatives, eg. PG career seminars, training and networking opportunities, following on from PG student consultation (**Action 4.1.17**).



Linked Actions: [3.4](#) PG career consultation

A key finding amongst PGs was the desire to connect with other students for networking and peer support, with just over half of students (54% F: 47%M) agreeing the School provides enough social/informal networking opportunities.

"I work with a small circle of people and would like the opportunity to meet others." (PG, Male)



Action 5.3.23. The SoM will launch an official 'PG Social Day', to enable networking internally among PG students and staff, and externally with members from academic, clinical, industry and other relevant backgrounds.

v. Support offered to those applying for research grant applications

TCD's Research and Innovation Office supports staff through all stages of the research funding process. SoM RO is highly regarded by staff and provides support for planning research, workshops, grant writing, reviewing proposals, mock interviews and budgets.

We analysed data on national and international grants by gender. Of the 232 grant applications (2017), 122 (53%) were from female staff (**Table 5.3.7**). We adjusted for the number of staff per gender (252F: 150M)²¹, to deepen our understanding of this data. Male success rate was slightly higher (**Table 5.3.8**). There were 0.33 applications per female and 0.64 per male staff (2017, **Figure 5.3.3-4**). While the rate among males remains higher, the *increase* among females looks promising.

Table 5.3.7. Total number of grant applications (2017-2019)

Grant Type	2017			2018			2019		
	F	M	% F	F	M	% F	F	M	% F
National	59	72	45%	98	59	62%	87	74	54%
International	24	24	50%	36	41	47%	35	36	49%
Total	83	96	46%	134	100	57%	122	110	53%



Figure 5.3.3. Numbers of grant applications per staff member by gender (2017-2019)

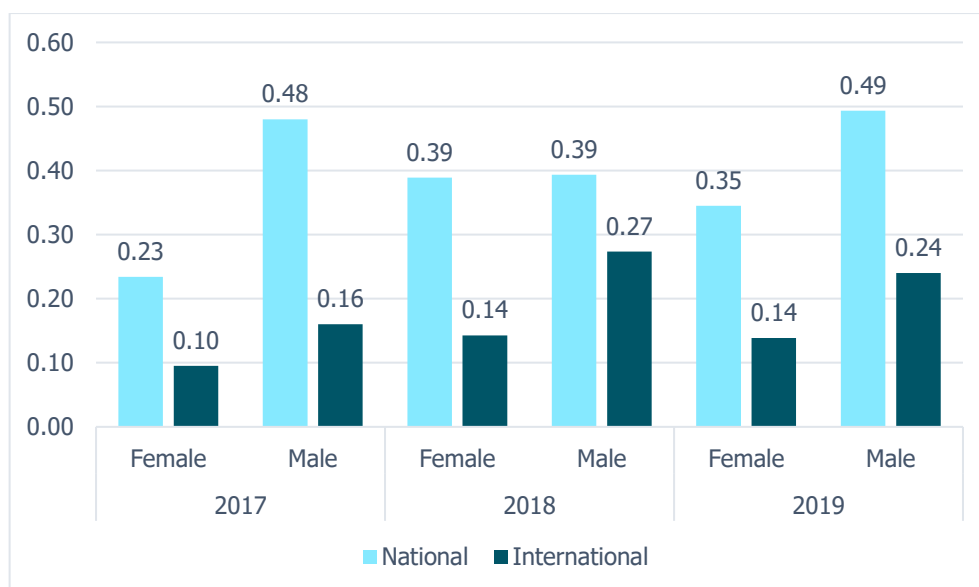


Figure 5.3.4. Numbers of National and International applications per staff member by gender (2017-2019)

Table 5.3.8. Number of successful and unsuccessful applications

	2017				2018				2019			
Successful	F	M	%F	%M	F	M	%F	%M	F	M	%F	%M
Yes	24	40	29%	42%	40	28	30%	28%	16	14	17%	16%
No	59	55	71%	57%	94	71	70%	72%	80	74	83%	84%
Unknown						1			26	22	21%	20%
Total Known	83	96			134	99			96	88		

Similar funding amounts were awarded to females and males (**Table 5.3.9**). However, females secured only half the amount per staff member relative to males (50% in 2019), with the difference particularly striking in internal funding (<10% by females).

Our female researchers submit fewer grant applications. Considering females are equally as likely to be successful, further ways to support and encourage female staff to compete will be implemented (**Action 5.3.24**). This intersects with promotions: grant funding is a key component in research excellence assessment in the School, so supporting females to apply might help improve gender balance at senior academic appointments.

Table 5.3.9. External National/International research funding (in €, k denotes 1000)

	2017		2018		2019	
	F	M	F	M	F	M
External research income, National & International	8,279 k	10,259 k	10,923 k	9,209 k	7,763 k	9,135 k
Internal research funding	12,000	76,830	0	6,613	12,000	115,000
<i>Following adjustment for number of staff/gender category</i>						
Funding per staff member	32,904	68,907	43,346	61,438	30,853	61,672
Funding per staff member (<i>Relative to Male</i>)	48%		71%		50%	
External	32,856	68,395	43,346	61,394	30,806	60,906
Internal	48	512	0	44	48	767



Action 5.3.24. All funding opportunities circulated from the SoM Research Office, will include a statement that female staff in particular, are encouraged to apply.

Female FG participants particularly indicated the desire for more support (**Action 5.3.25**) and identified that encouraging conversations around their particular stage and research area were extremely beneficial.

“All of the grants I went for were the ones the RO flagged as a good match for me.”
(Non-Clinical Academic, Female)



Action 5.3.25. The SoM Research Office will build a ‘bank’ of successful grant applications (or a list of applicants that are willing to share), to ensure staff can review and therefore better understand the criteria and process.



Action 5.3.26. The Director of Research/nominee will schedule a 1:1 grant consultation session for all Assistant and Associate Professors (particularly prioritising females) in the school over the next 4 years.

Workshops with female academics will help identify further supports they may require. Career-focused annual meetings and mentoring schemes (TRAMS, promotion), will ensure unsuccessful grants are discussed, improving chances at resubmission.



Linked Actions: 4.2.3 Career workshops (females), 5.1.12 Promotions mentoring, 5.3.1, 5.3.8 & 5.3.9 Mentoring, 5.3.6 Career-focused meetings.

5.5. FLEXIBLE WORKING AND MANAGING CAREER BREAKS

i. Cover and support for maternity and adoption leave: before leave

TCD HR has overall responsibility for policy and governance of leave, with administration devolved to local areas. The maternity leave (ML) policy (incorporating adoption leave) is available on the TCD HR website. All staff are entitled to:

- 26 consecutive paid weeks
- 24 weeks paid adoptive leave
- 16 weeks of additional (unpaid) leave.

TCD has a central ‘maternity fund’ that covers ML, however, when this fund is depleted, responsibility falls to the School to fund teaching and administrative duties/cover. The lack of transparency regarding this funding is a contentious issue for TCD Schools, alongside concerns regarding research staff whose external funding does not always cover ML. This puts additional stress both on the staff member and the line manager. The SoM will lobby for a clearer, transparent process.

“Too much is left to the individual (going on maternity leave) to sort out before going on leave and my line manager and I both found this to be stressful.” (Non-Clinical Academic, Female)

“It was challenging and stressful as much more supports are required...Unsure what the School can do to address the realities of an external funding process.” (RA, Female)



Action 5.5.1. The SoM ASCs, along with other AS School award holders in TCD, will lobby, for the introduction of a clear, equitable and transparent process regarding funding maternity (including adoption) leave for all staff (including researchers), via the TCD ASC Network.

Although 60% of female survey respondents felt supported prior to ML, an unacceptable proportion disagreed or remained neutral. This was especially true for academic/research staff who reported more negative ML experiences than PMSS, particularly around having to arrange cover for their teaching duties. FGs

reported varied experience, ad-hoc meetings and a lack of clarity around the ML procedure amongst some senior leaders.

"I have an excellent relationship with my manager and the leave and return to work were well discussed and clarified at all times." (PMSS, Female)

"A consistent approach should be applied to all staff with a meeting with your manager, rather than relying on informal supports from colleagues." (Non-Clinical Academic, Female)



Action 5.5.2. The School will improve its support for staff before, during and returning from maternity (to incorporate adoption) leave by developing, in association with HR, a **School-level Maternity Leave Procedure** (that maps to the TCD Maternity Leave Policy).



Action 5.5.3. The HoS will invite TCD HR to present on maternity leave policy annually at the SEC, to ensure all line managers remain continually aware of the policy (including updates) and the central maternity leave fund. PIs supervising research staff will be invited to attend this presentation.



Linked Actions: [5.1.9](#) School Induction, [5.6.5](#) EDI webpage

ii. Cover and support for maternity and adoption leave: during leave

Positive perceptions around support during ML fell to 52% compared to 60% who felt supported before leave, with an increase in neutral perceptions (**Action 5.5.2**). Staff had mixed responses as to whether they wished to be contacted during leave, as some staff recognised instances where it is beneficial to keep staff informed (without expecting engagement).



Action 5.5.4. Ensure staff have the choice of opting in or out of contact during their maternity leave, by adding this to the School's new standard operating procedure, to be discussed at the line manager meeting 'before' taking leave.

The SoM does not expect staff to undertake work duties while on ML and this drop in staff satisfaction requires attention. **Action 5.5.2** will include before, during and after leave checklists, along with lobbying TCD to provide greater transparency in relation to leave (**Action 5.5.1**) should go some way to ensuring a more positive experience for our staff. The School will also conduct interviews with our female staff to ensure we put additional supports in place.



Action 5.5.5. The School will conduct interviews with female staff going on leave and coming back from leave, to ascertain what further supports the School could put in place to ensure a more positive experience before, during and after the leave.

Qualitative feedback suggests that nominating a staff member to cover some projects during ML usually occurs, but it would be most helpful if this nomination occurred *before* the ML. This will be actioned in the ‘before’ ML line manager meeting, with awareness paid to gender and workload of the staff member stepping in.



Action 5.5.6. Line managers will formally nominate an interim academic(s) to support with any outstanding projects (for example, supervision duties, research group management) as needed before, during and after a staff member's maternity leave.



Linked Actions: 5.3.6 Career-focused meetings

iii. Cover and support for maternity and adoption leave: return to work

Positive perceptions around support fell further to 48% for staff when returning to work (52% during leave). More academic and research staff reported negative experiences again, in contrast to PMSS. Experiences vary and a formal meeting with line managers when returning from leave to discuss and develop a work plan will help with the transition (**Action 5.5.2**). The SoM will ensure an additional two-month ‘check-in’ with line managers occurs, following return from ML.

“Although my ML experience was positive, I think more than one meeting with my line manager would have facilitated better discussion of workload.” (PMSS, Female)



Action 5.5.7. Line managers will conduct a ‘check-in’ meeting no later than two months following a staff members’ return from maternity leave, to ensure any ongoing issues or those that may have arisen are appropriately supported. This will be incorporated into the School Maternity Leave Procedure.

In the absence of TCD supports, the School will focus on reactivating women’s academic or research capabilities following maternity leave.

“Immediately on return, give staff with teaching responsibilities some time without these duties to get back up to speed.” (Non-Clinical Academic, Female)



Action 5.5.8. To facilitate a resumption of active research work, the School will offer teaching relief during the first semester after a staff member returns from maternity leave. A discussion on this will be included in the return-to-work meeting with the line manager. The School will explore the possibility of establishing a pot of funding for small research grants.

The School has breastfeeding facilities across TCD campus and hospital sites but there appears to be a lack of awareness and misconception around these. Only 17% of females and 13% of males are aware of breastfeeding facilities specifically. The SAT will add these facilities to the maternity procedures and checklists (**Action 5.5.2**).

“I am aware of their availability on campus however a lot of the School is located offsite where there are no childcare or breastfeeding facilities.” (Non-Clinical Academic, Female)



Action 5.5.9. The SAT will liaise with the Faculty HRP and develop a one-page leaflet, detailing breastfeeding and creche supports available both within the School and across the wider College campus.



Linked Actions: [5.1.9](#) School Induction, [5.6.5](#) EDI webpage

iv. Maternity return rate

ML data, supplied by TCD HR (**Table 5.5.1**), is not reliable due to the existing manual staff records system used. In the last 3 years, 18 periods of ML were recorded in the School. Positively, 100% of staff returned following leave.

However, we do not know how long staff remained in post upon returning from ML. The School will lobby HR to provide a ML report to better understand the continuation of employment beyond return.



Action 5.5.10. The School Office will lobby HR to provide an annual tracking report on maternity and parental leave data for the School, to ascertain whether staff remain in employment 6 months, 12 months and 18 months after returning.

Table 5.5.1. Maternity leave breakdown by grade and contract type

Staff Grade		2017	2018	2019
Academic	Associate Professor	2	0	2
	Assistant Professor	3	0	3
	Professor Consultant	0	1	0
	Registrar	1	0	0
Research	Research Fellow	3	0	1
PMSS	Admin	2	0	0

v. Paternity, adoption, and parental leave uptake

Staff are entitled to:

- Two weeks paid paternity leave
- 26 weeks of (unpaid) parental leave per child

We have only one record of paternity leave (PMSS). Most staff take paternity leave informally, following agreement with their line manager. Staff feel paid paternity leave should be promoted within the School to encourage uptake, however, the practicalities in applying for this were noted, particularly around workload transfer when exact dates are unknown.

“It was easier to not take paternity leave than to figure out cover for my teaching and other projects.” (Non-clinical academic, Male)



Action 5.5.11. The School will develop an information sheet for paternity leave (building on TCD policy) to encourage the uptake and increase awareness.

No staff has availed of adoption leave.

Parental leave data suggests that the uptake is very gendered (**Table 5.5.2**), with only women availing of this option - even though the entitlements are the same for both genders. Analysis across staff category is not possible, due to low numbers.

Table 5.5.2. Parental leave data, 2017-2020

2017-2019			
Staff Category	Leave Type	F	M
Academic	Parental Leave	4	0
PMSS	Parental Leave	2	0
Teaching Support	Parental Leave	1	0
Research	Parental Leave	2	0

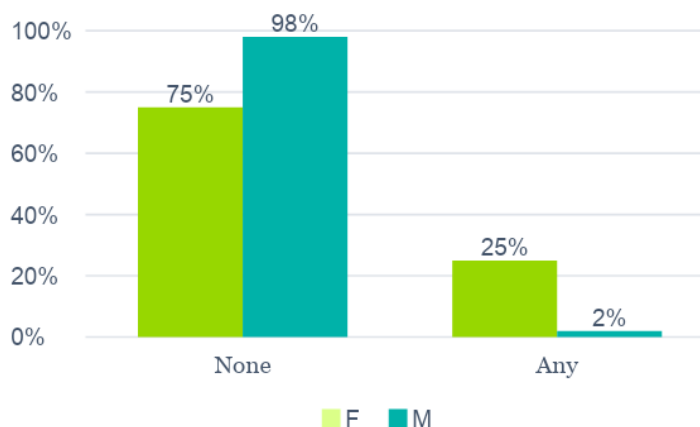


Figure 5.5.1. Staff survey responses: Parental Leave

Staff consultation revealed a gendered trend with the majority of parental leaves taken by females (**Figure 5.5.1**). Qualitative comments suggested confusion around the parental leave process. The School will be proactive moving forward by establishing local guidance for applying for parental leave.

“Wasn’t aware of this opportunity or if it is even available to me.” (Non-Clinical Academic, Male)



Action 5.5.12. The School will develop an information sheet for parental leave (building on TCD procedures) to encourage uptake by both genders and increase awareness.

Based on our findings, the School will improve perceptions around family leave by:

- Adding a ‘Spotlight on HR’ section to the staff publication, focusing on a particular family leave policy and the School-level support and procedure.
- Developing process flowcharts for all our family leave guidance documents.
- Signposting to our EDI webpage on Flexible Working and staff inductions.
- Adding family leave to career development and return-to-work meetings.



Action 5.5.13. The School will add a ‘Spotlight on HR’ section to its monthly staff publication, focusing on a particular family leave policy and the School-level procedure for this.



Action 5.5.14. The HoS will circulate all-School ‘Did You Know?’ emails once a year on all TCD family leave and the School-level procedure/process flowchart for availing of this.



Linked Actions: [5.1.9](#) School Induction, [5.3.6](#) Career-focused meetings, [5.5.2](#) & [5.5.7](#) Maternity return meeting(s) [5.6.5](#) EDI webpage

vi. Flexible working

TCD has both formal and informal options for staff to work flexibly. Within the SoM, all staff are eligible to agree flexible working hours with their line manager. In practice, most staff generally work out a local, informal arrangement with their line manager with regards to flexible working (which includes working from home). Currently, no data is captured on flexible working requests (**Action 5.5.15**) or arrangements, so for this application, we refer to our staff consultation.

Females were twice as likely to request a flexible working arrangement over the past 3 years (**Figure 5.5.2**).

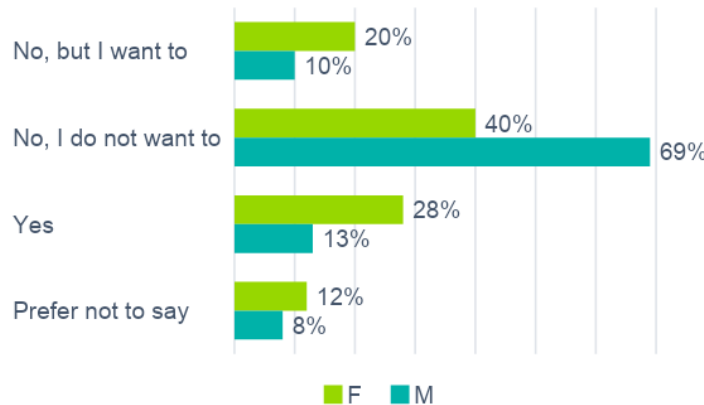


Figure 5.5.2. Staff survey responses: Have you requested a flexible working arrangement during your employment in the School?

We observed differences in responses to whether a flexible working request was approved across both gender and staff category. Slightly more men overall (72%) and academic and research staff (72%; 64%F:75%M) were likely to report their request was granted, in comparison to PMSS (57%; 57%F:60%M). This perhaps highlights the greater level of flexibility those in academic and research staff roles have. The lack of transparency around the process and granting of flexible working requests was deemed unfair in qualitative comments.

“Clear transparency is needed on what flexible arrangements are available and equality across the School in terms of granting flexible arrangements.” (Non-Clinical Academic, Female)

“I currently work from home one day a week and would like to move to a 4-day week, due to caring commitments. I do not feel certain that this would be approved.” (Non-Clinical Academic, Female)

Collecting School-level data (**Action 5.5.15**), developing guidance and instigating a formal flexible working appeals process (**Action 5.5.17**) will increase transparency and ensure staff, especially females, are supported around this type of working.



Action 5.5.15. HoDs will be required to report to the School Manager on the number of staff by gender and staff category requesting flexible working arrangements and outcomes by completing and signing applications regardless of approval.



Action 5.5.16. The SoM will develop, implement and circulate a local level process around applying for flexible working options, in alignment with TCD procedures.



Action 5.5.17. The SoM will develop and implement an appeals process (to HoS) for staff members who have been refused flexible working arrangements by their line manager. Why flexible working cannot be accommodated will need to be strongly justified.



Linked Actions: 5.3.6 Career-focused meetings

Survey data (**Table 5.5.3**) suggests that part-time female staff do not feel they get the same career opportunities as their full-time counterparts, although the majority of staff are unsure. Qualitative comments revealed strong negative perceptions and barriers in accessing flexible working: “long working hours equals merit”; administrative burdens and the perception that the request would not be granted.

“Flexible working arrangements and taking maternity/parental leave inevitably affect career progression. This isn’t particular to the School, but I am not aware of efforts made by the School to ameliorate this?” (PMSS, Female)

“I feel that flexible working makes you less desirable/appear to be less committed or hard working.” (RF, Female)

“I feel it would impact negatively on my chances of promotion.” (Non-Clinical Academic, Female)

Table 5.5.3. Staff survey responses, flexible working

<i>Do you feel staff who have flexible working arrangements are offered the same career development opportunities?</i>	Yes			No			Unsure		
	F	M	All	F	M	All	F	M	All
Full-Time Staff	23%	18%	21%	27%	14%	23%	50%	68%	57%
Part-Time Staff	13%	0%	12%	17%	0%	15%	70%	100%*	73%

*Represents <3

It is crucial the SoM addresses these negative perceptions and reassures staff by demonstrating a visible commitment to flexible working.

The new SoM induction process will provide information to staff about flexible and family working arrangements and case studies (**Action 5.5.18**) will be displayed on the EDI webpage of the School. Positive statements will be added to all job descriptions, firmly stating the SoM's stance in relation to family leave and flexible working, where this is possible.



Linked Actions: **5.1.7** Inclusive Recruitment Checklist, **5.1.9** School Induction, **5.6.5** EDI webpage.



Action 5.5.18. The SoM, (with staff permission), will collate staff case studies of those who availed of flexible working arrangements within the School, and display these on the School's EDI webpage and staff publication.

PMSS noted a strong desire to continue to maintain flexible working/remote working moving forward 86%F: 89%M (since the COVID-19 crisis) due to a perceived improvement in work-life balance. TCD has set up a cross-Faculty working group to examine key learnings from the COVID-19 crisis and make recommendations. The SoM will support these and ensure there is representation from our School on this working group, with the School taking action, if this central process is not timely.



Action 5.5.19. To ensure PMSS are afforded greater flexibility in their roles post-COVID, the SoM will ensure all recommendations from the TCD Family Working Group are implemented and that a SoM PMSS representative is a member of this group.

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

The School has no formal record of any staff member who has worked part-time and transitioned back to a full-time role and TCD has no policy on this. This item will be added to career development and return to work meetings from maternity leave.



Linked Actions: [5.3.6](#) Career-focused meetings, [5.5.2](#) & [5.5.7](#) Maternity return meeting(s).

5.6. ORGANISATION AND CULTURE

i. Culture

The SoM is strongly committed to the AS principles and is working to actively consider and embed gender equality and inclusivity in its strategy, policies and practices. As a direct result of the AS process, the School incorporated both AS/EDI across dimensions of its recently launched *Strategic Plan: 2021-2026*, embedding key areas of action from this application.



Figure 5.6.1. SoM 2021-2026 Strategic Plan (screenshot)

AS staff awareness is high, but the majority of PGs are unaware of the charter (**Table 5.6.1**). In order to sustain the embedding of AS principles further amongst staff, targeted, visible measures are needed (**Actions 5.6.1-5.6.5**). Future student inductions will signpost to SAT work and AS (**Action 3.3**), alongside establishing a School EDI webpage.

Table 5.6.1. Staff and student survey data: Athena SWAN Awareness

<i>I am aware of the AS Charter</i>	Yes			Unsure			No		
	F	M	All	F	M	All	F	M	All
Staff	84%	83%	84%	10%	9%	10%	6%	8%	6%
PGs (Taught + Research)	42%	37%	40%	3%	2%	3%	55%	61%	57%



Action 5.6.1. AS/EDI will be added as a standing item for Full School Meetings, across all key School committees, and to departmental/strategy meetings.



Action 5.6.2. Upon receipt of a successful AS Bronze Departmental Bronze Award, the HoS will circulate our application and action plan to the School, encouraging all staff to add an AS signature and logo to their own email signatures, public presentations and to emphasise this in future funding applications.



Action 5.6.3. The SAT will display posters of AS Principles (that reflect the new Ireland AS Charter) across all labs and hospital sites/centres affiliated with the School.



Action 5.6.4. Once a term, the SAT will circulate an all-staff email of a one-page infographic highlighting key achievements of the SAT to date and action plan developments.



Action 5.6.5. The SoM will develop an EDI webpage for the School, to include items such as AS, action plan progress, career development, recruitment, HR policies, flexible working, and work-life balance as sub-sections.



Linked Actions: [3.3](#) Student inductions/events

Following submission of our application, to formally acknowledge SAT members' work, the HoS will host an in-person/online '**AS Symposium**', which will continue annually, allowing for open discussion on AS activity specifically.



Action 5.6.6. Following a successful AS award, the HoS will formally launch an annual '**AS Symposium**' Event (COVID-permitting). This event will rotate locations each year to ensure inclusivity and accessibility, and will include presentations on 3 key actions from our action plan that are to be implemented in the School within the next year.

Table 5.6.2. Staff and student survey data: School Culture

SoM Culture is:	Strongly Agree/Agree			Neither Agree or Disagree			Strongly Disagree/Disagree		
Staff	F	M	All	F	M	All	F	M	All
Collaborative	59%	63%	60%	25%	17%	23%	16%	20%	17%
Supportive	49%	63%	53%	34%	21%	30%	17%	16%	17%
Gender inclusive	58%	63%	59%	27%	19%	25%	15%	18%	16%
I feel part of the SoM's culture	34%	46%	38%	32%	24%	29%	34%	30%	33%
PGT + PGR	F	M	All	F	M	All	F	M	All
Supportive	70%	82%	73%	19%	14%	20%	11%	4%	7%
Gender inclusive	72%	87%	76%	26%	12%	22%	2%	1%	2%

Staff and PG perceptions of culture are summarised in **Table 5.6.2**. Men were more likely to agree the SoM is supportive and slightly more likely to agree that it is collaborative and gender-inclusive. Encouragingly, most staff agree the School is a collaborative place to work and enjoy working with their colleagues, but we found unsatisfactory levels of disagreement/neutrality around responses,

particularly for females. There is a need overall, to better understand our PG findings (**Action 3.4**).

Staff FGs confirmed collegiality within local teams, but the large size of the School contributes to the negative perception of School-level culture. These findings highlight the need to develop long-term and effective solutions. Understanding these further needs specific reflection, attention and action (**Action 5.6.7**).

"I have benefitted from the support of really excellent colleagues. However, SoM is so large and spread across multiple sites, maybe it is unfair to expect a unified and supportive culture?" (Non-Clinical Academic, Female)



Action 5.6.7. The new SAT WG (School Culture) will develop a series of School Feedback postcards, to enable staff and student feedback on their perceptions of the School's culture, with a view to the School developing a specific 'transforming school culture' action plan, with recommendations and cultural improvement initiatives piloted and implemented.



Linked Actions: 3.4 PG career consultation

ii. HR policies

TCD has a range of policies and procedures related to EDI, dignity at work, bullying, harassment, grievance and disciplinary. Consultation (**Table 5.6.3**) shows the SoM needs to improve staff awareness and understanding of these key policies, with unacceptable levels of neutral responses. The SoM will engage with our FHS HRP and TCD HR to promote awareness of TCD's Dignity and Respect Policy and reporting processes by: adding this to our EDI webpage, our student and staff inductions and including this theme in our new '*Spotlight on HR*' section in our staff publication (**Action 5.5.13**).

Table 5.6.3. Staff and student survey data: HR & EDI Policies

<i>"I am aware of TCD's HR and EDI Policies"</i>	Strongly Agree/Agree			Neither Agree or Disagree			Strongly Disagree/Disagree		
	F	M	All	F	M	All	F	M	All
Staff	61%	65%	62%	30%	28%	30%	9%	7%	8%



Action 5.6.8. Dignity and Respect will be added as a subsection to our new SoM EDI webpage, with clear links/details of who the School's Dignity and Respect Contact people are and information for staff on TCD policies and reporting processes.



Action 5.6.9. The SoM will add Dignity and Respect and an overview of key EDI/HR policies to the new staff induction process/materials, with clear signposting to School and TCD supports.



Action 5.6.10. The new 'Spotlight on HR' section for the staff publication (**Action 5.5.13**) will include pieces that focus on TCD's Dignity and Respect and EDI policies in rotation.



Linked Actions: **5.1.9** School Induction.

FGs suggested the process for reporting concerns needs to be made more explicit to ensure staff feel comfortable reporting instances of D&R at work. The SoM will engage with TCD HR/FHS HRP to amplify awareness of the reporting processes (**Actions 5.6.8-5.6.10**). Several survey respondents suggested an anonymous online reporting tool would be useful. In 2021, TCD launched the anonymous 'Speak Out' online reporting tool for staff and students (as part of a national higher education initiative), to report issues related to bullying, harassment and sexual misconduct. The SoM will raise awareness of this crucial platform (**Action 5.6.11**).

"The school is inclusive, but it can be difficult to know how to raise an issue or concern for instance on abusive/bullying behaviours from colleagues." (Non-Clinical Academic, Female)



Action 5.6.11. Alongside promoting TCD's Dignity and Respect Policy, all communication will include links and signposting to TCD's SpeakOut tool, as well as amplifying TCD's central communications campaign across the SoM.

Questions around bullying and harassment were not asked in our staff survey, however, several respondents (<10, all female) used open-text comments to note they had observed bullying. Specific questions related to D&R will be included in future surveys to gain a fuller picture of staff experience.



Action 5.6.12. Future AS staff consultation will contain specific questions related to bullying and harassment and reporting procedures, to get a fuller picture of staff and student perceptions and experiences, in order to improve the School's supports for those who might be impacted by these issues.

Most staff agreed that if they witnessed others being treated unfairly, they would feel comfortable challenging this but almost a fifth disagreed (**Table 5.6.4**). Slightly more males would feel comfortable reporting unfair treatment to their line manager, but over a quarter of staff disagree. We must ensure that all line managers are aware of how to effectively manage and direct people to appropriate supports and tools.

Table 5.6.4. Staff survey data: Behaviour/Treatment

Staff	Strongly Agree/Agree			Neither Agree or Disagree			Strongly Disagree/Disagree		
	F	M	All	F	M	All	F	M	All
If I witnessed others being treated unfairly, I would feel comfortable challenging this	65%	72%	66%	17%	9%	15%	18%	19%	19%
If I felt unfairly treated, I would feel comfortable reporting it to my line manager	55%	62%	57%	17%	13%	18%	28%	25%	25%
The School is a respectful environment to work in	66%	91%	73%	22%	7%	18%	12%	2%	9%

Concerningly, a considerably higher proportion of males perceive the School to be respectful, with less PMSS (53%) agreeing (*vs* 76% of academic/research staff). Training is a core element of staff feeling confident in addressing poor behaviour.

"Please use this survey for change; that you put processes and training in place that roots out bullying, while encouraging a more open culture in the SoM." (Non-Clinical Academic, Female)



Action 5.6.13. The HoS will invite TCD's Associate Vice-Provost for EDI, and TCD HR to co-present to the SEC, on Dignity and Respect and the new 'Speak Out' tool to ensure line managers are up-to-date.



Action 5.6.14. The School will promote online *Active Bystander Training* to all staff, to address concerning behaviour and provide additional support in speaking out.

iii. Representation of men and women on committees

Table 5.6.5 shows membership data for the School's main committees. TCD requires minimum 40% of either gender. As per TCD's regulations, membership of the School's main committees (SEC and Management Team) is tied to specific elected roles (e.g. HoS, HoDs); we note positive movement towards gender balance in both. We also uncovered an under-representation of men on our Research Ethics Committee.



Action 5.6.15. The School will address the current gender imbalance on the Research Ethics Committee via recruitment of additional members as vacancies arise.

It is widely acknowledged that diverse committee membership is favourable, as committees offer visibility and career development opportunities. The School will develop a committee management and guidance document that aligns to TCD's Committee Policy. Chairs will be required to track and return membership data annually (**Action 5.6.16**) and confirm that AS/EDI was a standing item (**Action 5.6.1**).

The School will work towards meeting the gender balance target, but there may be areas where that is not possible at all times.



Action 5.6.16. The SoM will develop a guidance document for managing committees (that maps to TCD's policy). This will include reporting on committee and chair membership by gender annually and introducing fixed-term membership and chair rotation.

Table 5.6.5. Membership on main committees in the School

Committee	Year	Gender				
		F	M	Total	%F	Chair
School Executive	2017/18	8	18	26	31%	M
	2018/19	16	17	33	48%	M
	2019/20	13	16	29	45%	M
Management Committee	2017/18	6	2	8	75%	M
	2018/19	6	3	9	67%	M
	2019/20	6	5	11	55%	M
Research Ethics Committee (REC)	2017/18	5	2	7	71%	F
	2018/19	5	1	6	83%	M
	2019/20	5	1	6	83%	M
Health & Safety	2017/18	5	5	10	50%	M
	2018/19	6	7	13	46%	M
	2019/20	5	7	12	42%	M
Research Committee	2017/18	6	4	10	60%	F
	2018/19	6	4	10	60%	F
	2019/20	6	4	10	60%	F
St James's Campus Committee	2017/18	8	11	19	42%	F
	2018/19	6	11	17	35%	F
	2019/20	8	12	20	40%	F
Curriculum Committee	2017/18	15	20	35	43%	M
	2018/19	15	19	34	44%	M
	2019/20	18	18	36	50%	M
Postgraduate Teaching & Learning	2017/18	7	5	12	58%	M
	2018/19	7	6	13	54%	M
	2019/20	8	6	14	57%	M
TOTAL	3 years	196	204	400	49%	F: 7 (29%)

"If you're on one committee you tend to get onto another so someone outside misses out on that opportunity. You are invited onto committees rather than it being open-invitation." (Non-Clinical Academic, Male)

Concerningly, consultation shows less than half of males (and just a quarter of females) perceive the School's processes as being transparent (**Table 5.6.6**), with FGs confirming this perception.

Table 5.6.6. Staff survey data: School Processes

<i>The School's processes are transparent.</i>	Strongly Agree/Agree			Neither Agree or Disagree			Strongly Disagree/Disagree		
	F	M	All	F	M	All	F	M	All
Staff	26%	46%	31%	37%	31%	35%	37%	33%	33%

The School will make internal committee membership fixed-term to ensure there is rotation and to allow wider staff involvement (**Action 5.6.16**). The School's future WAM will take into account committee membership, ensuring recognition of members and chairs' workloads.



Linked Actions: 5.6.1 AS committee item, 5.6.20-21 Workload

Committee chairs are predominantly male (71%M: 29%F, **Table 5.6.5**) – even for committees with predominantly female membership. There was a strong perception from female staff, that *“all committees tend to be chaired by males.”* This needs prompt addressing as committee chairs are appointed by an expression of interest. **Action 5.6.16** will incorporate chair selection and lessen chair terms, along with publishing the School's main committees and membership, to increase transparency. Further actions are needed to increase the number of female Chairs as a matter of priority.

“Committee membership tends to be a “tap on the shoulder” ..would be better if they were advertised so we're not drawing from the same people.” (Clinical Academic, Female)



Action 5.6.17. The School will conduct a review of all major committees and their terms of reference and make any changes required to address the current imbalance of more male chairs via an expression of interest.



Action 5.6.18. The School will collate and house all of its committees, memberships and committee procedure in a subsection of the School's website so that staff can easily find membership information and apply if they wish.

iv. Participation on influential external committees

Table 5.6.7. Some external committee membership/role by gender (self-reported by staff, 2020)

External Influential Committees	Gender
St Luke's Research Ethics Committee	F
Irish Cancer Society	F
Royal Academy of Medicine in Ireland	M
Irish Nephrology Society Research Committee	M
Irish Radiation Research Society	F
Health & Safety Authority Healthcare Steering Group	M
RCSI Health and Sciences Board	F
Healthy Ireland	F
Health Reform Alliance	F
The Healthy and Positive Ageing Initiative (HaPAI) Steering Group	F
HSE Consultant Appointment Advisory Committee	M
RCPI Education & Training Committee	M
Training & Education CAI (national)	M
Practice Education Co-Ordinators Network (PECNET)	F

Consultation revealed that slightly more men are external committee members and that staff do not feel particularly encouraged to partake in such activity (**Table 5.6.8**). Confusion was cited around the process and uncertainty around when external appointments become available.

Table 5.6.8. Staff survey data: External Committees

Staff	Strongly Agree/Agree			Neither Agree or Disagree			Strongly Disagree/Disagree		
	F	M	All	F	M	All	F	M	All
<i>I am a member of an external committee to the School</i>	45%	55%	48%	20%	15%	18%	35%	30%	34%

“What external committees exist? If there is a new appointment there needs to be visibility and sharing of this.” (Non-Clinical Academic, Female)

As external committees provide networking and career development opportunities, the SoM will be more proactive in this area, encouraging all to partake in external activity. This will be added to career discussion meetings, to ensure staff are not burdened and to allow us to monitor external activity by gender (**Action 5.3.6**).



Action 5.6.19. The HoS will encourage staff to partake in external committees; opportunities and vacancies (as they arise) via all-staff emails and signposting via the staff publication.



Linked Actions: **5.3.6** Career-focused meetings

v. Workload model

The SoM does not have a formal WAM; all workload responsibility is delegated by HoD (or PIs). TCD policy states Schools should have a WAM that conforms to specific principles. A template that can be tailored to the specific needs of each Faculty/School does not exist, although some TCD schools have a WAM in place.

Perceptions regarding workload are varied, which is unsurprising, given the range of roles, diversity of disciplines and size of the School. Most staff remained neutral/disagreed the School has a fair and transparent way of allocating workload (with more females disagreeing) and whether a WAM would be beneficial (**Table 5.6.9**). More female academics are in favour of a WAM. FGs probed further, however, there was little enthusiasm for such a model, particularly amongst senior leaders and clinical staff, with practicality concerns.

“This is a particular challenge...We need autonomy and flexibility. Our job plans are too complex for a simple model.” (Clinical Academic, Male)

Table 5.6.9. Staff survey data: Workload

Staff	Strongly Agree/Agree			Neither Agree or Disagree			Strongly Disagree/Disagree		
	F	M	All	F	M	All	F	M	All
<i>The School has a fair and transparent way of allocating workload</i>	16%	25%	19%	51%	53%	52%	33%	22%	29%
<i>I think a formal WAM would be a good idea for the School</i>	48%	36%	44%	40%	46%	42%	12%	18%	14%

A core recommendation for the SoM, as part of a Quality Review (2020), is to implement a WAM. A WG has been tasked with exploring other medical school WAMs. The SAT will share findings from AS staff consultation with this WG, to ensure findings inform any potential WAM.

In the interim, the SAT will develop a workload principles document to better support line managers and staff, detailing items such as: committee membership (including AS) and outreach activity.



Action 5.6.20. The SAT will share AS staff consultation and findings with the School WAM WG, to ensure this data is taken into consideration when exploring any future WAM models.



Action 5.6.21. The SAT will develop a 'workload principles' guidance document for the SoM, underpinned by the AS principles, for staff and line managers. Areas in the document will include: committee membership, flexible working and outreach/AS activity.



Linked Actions: [5.3.6](#) Career-focused meetings

vi. Timing of departmental meetings and social gatherings

TCD has a Meeting Hours (10am-4pm) Policy (2018). SoM decision-making committees are held during Meeting Hours, to ensure participation of staff members with caring responsibilities, or those working flexibly.

Scheduling meetings within core hours is a challenge for a medical school, given diverse staff contracts and clinical commitments. As a result of the AS process, the previous SEC start time was brought two hours forward by the HoS to align with core hours. This was positively received:

“This change has really worked..it has enabled collection of school children and an improved work-life balance.” (PMSS, Female)

Most staff feel meetings are scheduled at a suitable time (**Table 5.6.10**). Qualitative comments (mainly part-time females) revealed core hours policy is not always consistently applied, which can lead to staff being unintentionally excluded.

Table 5.6.10. Staff survey data: Meetings

Staff	Strongly Agree/Agree			Neither Agree or Disagree			Strongly Disagree/Disagree		
	F	M	All	F	M	All	F	M	All
<i>Meetings are scheduled at a time that suits my working hours</i>	72%	78%	74%	13%	12%	12%	15%	10%	14%

“A lot of opportunities both social and work-related are missed due to meeting times not adhering to core hours.” (Non-Clinical Academic, Female)

The School will review all committee meeting times to ensure we are not discriminating against part-time/staff working flexibly. Meeting days will be rotated, with decisions to hold meetings outside core hours requiring justification.



Action 5.6.22. To ensure we are implementing TCD's Core Hours Policy, all HoDs and chairs will be requested to review the timings of meetings by polling members (particularly those working part-time) to find a time (within core hours) that suits most, and will consider rotating the time/day of the week to ensure none are unintentionally excluded.

Social activities take place at discipline-level. A School Social Committee (SSC) was established (early 2020), led by the School Manager. It is important the SSC is cognisant of organising inclusive events to facilitate those with caring responsibilities/working flexibly.



Action 5.6.23. The ASCs will present to the School Social Committee on the importance of inclusive events, sharing our AS findings, to ensure that the scheduling of all events adhere to core meeting hours policy.

vii. Visibility of role models

The School strives to achieve gender balance across publicity materials, social media and events, but there is no current guidance in place. The SAT undertook a manual data analysis of participants in a SoM research conference across three years (**Figure 5.6.2**). There appears to have been a positive shift towards gender balance (in 2020), perhaps due to increased awareness of the AS process (we cannot say for certain). It is essential the SoM is proactive in monitoring and tracking gender balance of future events.

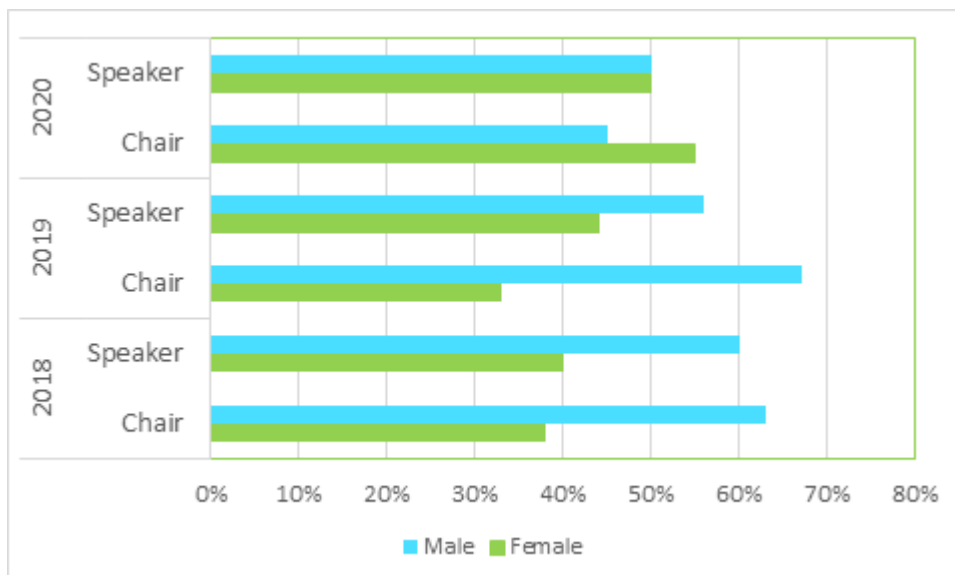


Figure 5.6.2. Gender representation of Chairs and Speakers at annual research conference



Action 5.6.24. The SAT, in liaison with TCD EDI, will develop guidelines to be distributed widely for the school for holding gender inclusive events (from seminars and workshops to student graduations).



Action 5.6.25. To support the implementation of **Action 5.6.24**, the SAT will develop and pilot a one-page template to circulate to all staff to collect and track (by gender), attendees and speakers at events, seminars and workshops in the SoM, with an annual report submitted to the SAT.

We reviewed sections of the SoM website and found a significant imbalance of gender representation on UG webpages, with specific disciplines that historically have a predominance of one gender, showcasing that same gender (**Figure 5.6.3**). Conversely, the School's '*Alumni Stories*' section had 100% male representation. We will review our full website and update pages to reflect gender balance, adding case studies to areas that have any gender under-representation.



Figure 5.6.3. Images on the School's website for undergraduate education



Linked Actions: [4.1.3](#) & [4.1.16](#) Gender review: UG, PG, prospective/alumni webpages, programme & promotional materials

More women perceive men to be visible as senior role models and more men perceive women to be visible as role models (**Table 5.6.11**). FGs explored these perceptions further, with participants suggesting that men feel AS is about "equality for the female gender only" and "rebranding AS would help to mitigate this."

We need to ensure the objectives of AS are understood amongst male staff, to ensure engagement. The SAT will work with the ASVPEDI to showcase how the AS process can create a more inclusive culture for everyone.

Table 5.6.11. Staff survey data: Role Models

Staff	Strongly Agree/Agree			Neither Agree or Disagree			Strongly Disagree/Disagree		
	F	M	All	F	M	All	F	M	All
<i>Women are visible as senior role models in the School</i>	68%	86%	73%	15%	9%	13%	17%	5%	14%
<i>Men are visible as senior role models in the School</i>	91%	67%	89%	6%	17%	7%	3%	16%	4%



Action 5.6.26. The SAT, in liaison with the Associate Vice-Provost for EDI will develop a series of bite-sized video clips to capture how the AS process has improved both the culture and work environment for staff in the SoM. These clips will showcase both male and female staff, to ensure the male perspective and positive messaging is captured. These videos will be displayed and distributed widely across the School, for example, during our survey consultations.



Linked Action: [3.2](#) 'Have Your Say' campaign, [3.5](#) Increasing male engagement in FGs

Worryingly, PG perceptions were similar to staff, with females less likely to perceive that women are visible and vice versa. Considering our large female student cohort, we must make the visibility of our senior female academics a top priority. Our students are the future leaders of the School, so we will develop a 'Women On Walls' campaign to increase role model visibility, and liaise with students to mark International Women's and Men's Day.

Table 5.6.12. Student survey data: Role Models

Students	Strongly Agree/Agree			Neither Agree or Disagree			Strongly Disagree/Disagree		
	F	M	All	F	M	All	F	M	All
<i>Men are visible as senior role models in the School</i>	71%	65%	70%	23%	28%	24%	6%	7%	6%
<i>Women are visible as senior role models in the School</i>	62%	8%	69%	22%	13%	20%	16%	0%	11%

“Leadership positions (in my area) are all men while the level down has a lot of hard working women.. and that leads me to wonder what my career path will look like if I stay in TCD.” (PGR, Female)



Action 5.6.27. The School will develop a ‘Women On Walls’ campaign, (similar to those implemented by various Irish HEIs), to be run across all School sites (particularly our hospital sites), to ensure we have females as well as males represented, with a view to achieving gender balance.



Action 5.6.28. The School will celebrate and mark International Women’s Day and International Men’s Day every year, with events to mark these days co-organised with UG and PG students.



Linked Action: [4.1.7](#) ‘A Day In the Life’ campaign

viii. Outreach activities

Staff are encouraged to partake in:

- Open days-evenings
- School visits/careers fairs
- Transition year programmes
- Local community

Students are active in a variety of outreach:

- Science Gallery exhibitions
- European Researchers' Night
- MedDay
- Transition Year programmes

TCD recognises outreach in academic promotions. Consultation suggests a strong female perception that outreach is not "*important*" in terms of promotion, "*or given any weight.*" The SoM does not collect outreach data so we are unaware if gender imbalance exists. Outreach activity will be discussed and captured in new career meetings to ensure supports are put in place and recognised in any future WAM and principles document. We will use outreach activity as a platform for distributing positive gender messages and challenging stereotypes to our prospective students.

"Measures need to be implemented much earlier...before subjects are picked to encourage children to pursue what they want from an early age." (PGT, Male)



Action 5.6.29. The School will identify suitable outreach activity where our case studies, campaigns and messaging/videos from this action plan can be shared with prospective students and the wider community.



Linked Actions: [4.1.6](#) UG outreach, [5.3.6](#) Career-focused meetings, [5.6.20](#) & [5.6.21](#) Workload

6. FURTHER INFORMATION

7. ACTION PLAN