## 1. LETTER OF ENDORSEMENT FROM THE HEAD OF INSTITUTION



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Dear Dr Gilligan,

I am delighted to write on behalf of the Royal College of Surgeons in Ireland (RCSI) to share our Athena SWAN Bronze Institutional application. We are a compact, rapidly expanding Higher Education Institution (HEI) located in Dublin city centre, with a proud history of delivering world class medical education. I myself am a graduate of this College and am honoured to now lead my alma mater.

We are an international institution, known for our diverse student body. At every opportunity I underline the importance of treating staff and students with dignity and respect to ensure everyone can reach their full potential. To that end, I have always considered RCSI an inclusive and positive environment, and so I was genuinely disheartened by our two previous unsuccessful Athena SWAN applications. As the first institution in the British Isles to graduate a female surgical fellow in 1893, this result did not seem to reflect the institution as I knew it, and it has prompted some serious - and sometimes difficult - self-reflection, which in turn has helped us to fully explore (through a far-reaching consultation process) what our challenges might be and how we can address them.

While our academic pipeline is strong, I acknowledge that we need to be proactive in addressing the promotions gap which occurs for female academics and researchers at senior levels; and to ensure greater representation of women on management teams, institutional committees and as Heads of Department. We also recognise the need to address the recently identified gender pay gap.

A measure of the distance that we have travelled since our last application is that we now have a dedicated Equality, Diversity and Inclusion (EDI) Unit, an EDI budget line of  $\notin$ 1.9 million over four years and have included EDI as a foundation principle of our 2018 – 2022 Strategic Plan. To further demonstrate my commitment, I also serve as the Chair of our Athena SWAN Self-Assessment Team (SAT).

Some other recent initiatives include: gender proofing 46 staff policies, including revised Maternity/Adoptive Leave Policy (with restricted teaching assignments for six months for staff returning from leave); provision of unconscious bias training for all staff and interview/promotions panels; increased participation in the Aurora and Leadership Development programmes and the provision of two new 30% Club Women in Leadership scholarships. We have launched initiatives to promote role models (Women on Walls, #HeforShe Events), diversity (establishment of a staff LGBT+ Network) and well-being (Inspire). We also recently became to first Irish Higher Education Institution to achieve the 'Investors in Diversity Ireland' standard awarded by the Irish Centre for Diversity.

EDUCATIONAL EXCELLENCE IN SUBJECT MEDICINE. PHARMACY PHYSIOTHERMY NUISING & MOWPERY RESEARCH LEADERSHIP POSTGRADUATE STUDIES. RADIOLOGY CENTISTRY SPORTS & EXERCISE MEDICINE.





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In the following report, we will highlight many more examples of our efforts to embed the Athena SWAN principles across RCSI. I appreciate that we still have some distance to travel before we reach full gender equality. I believe that this application will advance us considerably towards this goal.

I confirm that the information contained in this application is accurate and that it presents a true picture of the Royal College of Surgeons in Ireland.

Thank you for your consideration.

Yours sincerely,

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**Professor Cathal Kelly** Chief Executive/Registrar, RCSI

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## **RCSI ATHENA SWAN ACTION PLAN 2018 - 2022**

| Referenc<br>e | Objective   | Action   | Rationale   | Timeframe | Person Responsible                                 | Success criteria and outcome  |
|---------------|---|--|---|-----------|--|---|
| 1. DESCRIP    | TION OF THE INSTITUTION   |  |   | •         |  |   |
| 1.1 Consoli   | date EDI structure and mandat   | te at RCSI   |   |           |  |   |
| 1.1.1         | Establish dedicated EDI<br>infrastructure to ensure                         | Establish & staff EDI<br>Office  | To ensure Athena SWAN<br>SAT is effectively supported                           | Q2 2017   | CEO/HR   | EDI Office established<br>with 4 staff  |
| 1.1.2         | gender identity is<br>effectively supported and<br>embedded in RCSI culture | Establish EDI Committee  | To provide oversight and monitoring of AS activities                            | Q1 2018   | CEO/EDI Unit                                       | EDI Committee<br>established  |
| 1.1.3         | and practice  | Embed EDI/AS in<br>Strategic Plan 2018 -<br>2020                           | To underpin institutional commitment to AS                                      | Q1 2018   | SMT  | EDI (including Athena<br>SWAN) included as key<br>pillar in Four Year<br>Strategic Plan                                 |
| 1.1.4         |   | Provide EDI Budget Line,<br>with dedicated fund for<br>Athena SWAN Actions | To ensure AS actions are viable   | Q1 2018   | CEO/Finance Dept                                   | Dedicated budget line<br>allocated for Athena<br>SWAN and EDI   |
| 1.1.5         |   | Develop Athena SWAN<br>Data Collection<br>Mechanism                        | To allow tracking and<br>progress reporting of AS<br>actions                    | Q1 2018   | EDI<br>Unit/QEO/HR/SARA<br>/ AS Data<br>WorkStream | Athena SWAN specific<br>data collection<br>mechanism established<br>on CORE HR, Quercus<br>and E-Recruit                |
| 1.1.6         |   | Develop Athena SWAN<br>Communications<br>Strategy                          | To raise awareness and<br>encourage support for AS<br>objectives and activities | Q3 2017   | EDI Unit/<br>Communications<br>Office              | Increased awareness of<br>Athena SWAN in EDI<br>staff survey question by<br>Q4 2019. Up to 20<br>references in external |



| Referenc<br>e       | Objective   | Action   | Rationale  | Timeframe           | Person Responsible                            | Success criteria and outcome   |
|---------------------|---|--|--|---------------------|---|--|
|                     |   |  |  |                     |   | publications per annum.  |
| 2. SELF-ASS         | SESSMENT TEAM   | 1  | 1  |                     |   |  |
| 2.1                 | Ensure fully functioning,<br>effectively supported and<br>transparent SAT | Review & revise SAT<br>Terms of Reference                                | To set out governance<br>structure of SAT                                  | Q3 annually         | EDI Unit, CEO/Chair<br>of SAT, SAT<br>Members | Governance structure of<br>Athena SWAN SAT<br>agreed                         |
| 2.2                 |   | Launch expression of<br>interest call for new SAT<br>members             | To ensure opportunities for staff to participate in SAT                    | Q3 2018,<br>Q3 2020 | CEO/Chair of SAT/<br>EDI Unit                 | SAT members rotated,<br>with 10 new SAT<br>members by Silver<br>application. |
| 2.3                 |   | Convene SAT quarterly<br>to provide progress<br>report                   | To report on action plan implementation                                    | quarterly           | CEO/Chair of SAT/<br>EDI Unit/ SAT<br>Members | SAT meetings held four<br>times per annum                                    |
| 2.4                 |   | Publish SAT ToR,<br>minutes and status<br>reports on staff portal        | To ensure transparency and accountability of SAT                           | quarterly           | EDI<br>Unit/Workstream<br>Leads               | SAT information made<br>available in folder on<br>staff portal.              |
| 2.5                 |   | Support Departmental<br>Application Process                              | To ensure AS principles are<br>embedded at departmental<br>level           | Q1 & Q3<br>annually | EDI Unit                                      | Bronze departmental AS<br>awards held by 18<br>departments by 2022           |
|                     |   |  |  |                     |   |  |
| 3.1 Acaden<br>3.1.1 | Ensure gender equality in<br>advancement<br>opportunities for female      | Encourage female staff<br>to apply for promotion<br>through provision of | To provide supports for<br>female academic staff<br>applying for promotion | 2018 - 2022         | Dean's Office/L&D                             | External mentoring<br>programme provided to<br>academic staff.               |

| Referenc<br>e | Objective      | Action  | Rationale  | Timeframe                                   | Person Responsible                      | Success criteria and outcome  |
|---------------|----------------|---|--|---|---|---|
|               | academic staff | additional professional<br>development<br>opportunities such as<br>external mentoring<br>opportunities for senior<br>academics  |  |   |   |   |
| 3.1.2         |                | Undertake review of the<br>career pipeline for<br>female staff to<br>determine what<br>additional supports the<br>college can implement<br>to support the transition<br>from AP to Professor<br>Level | To determine what<br>additional supports could be<br>implemented for female<br>staff at AP level           | Nov<br>annually<br>(post<br>promotions<br>) | Dean's Office/HR                        | Gap analysis report on<br>female academic<br>pipeline completed to<br>assess supports required<br>to transition from AP to<br>Prof level                    |
| 3.1.3         |                | Profile RCSI role models<br>past and present<br>through Success Stories<br>campaign about female<br>staff in RCSI print/online<br>material to illustrate<br>career development<br>opportunities       | To highlight past<br>opportunities and potential<br>for growth of junior female<br>academic/research staff | Q2 2019 &<br>Q4 2021                        | Communications<br>SAT Workstream        | Success Stories campaign<br>developed and rolled out<br>in internal publications<br>e.g. Surgical Scope<br>magazine and Women in<br>Leadership website page |
| 3.1.4         |                | Establish dedicated<br>overnight conference<br>grant fund which<br>includes provision for<br>childcare costs  | To support staff to attend<br>conferences, which advance<br>career opportunities                           | From Q3<br>2018<br>annually                 | Dean's<br>Office/Finance<br>Dept/Events | Dedicated funds made<br>available to support<br>female academics to<br>attend external<br>conferences.  |

| Referenc<br>e | Objective   | Action  | Rationale  | Timeframe | Person Responsible  | Success criteria and outcome  |
|---------------|---|---|--|-----------|---|---|
| 3.2 Researc   | ch Staff  |   |  | •         | •   |   |
| 3.2.1         | Ensure gender equality in<br>advancement<br>opportunities for female<br>research staff        | Create an<br>apprenticeship model to<br>increase the number of<br>female co-PIs and<br>through offering<br>shadowing/deputy roles<br>on grant calls.                              | To increase proportion of females serving as PIs on major research grants. | Q1 2022   | AS Data<br>Workstream, EDI<br>Unit, Office of<br>Research &<br>Innovation | Percentage of female PIs<br>increased to 40%  |
| 3.2.3         |   | Support the percentage<br>of female applicants<br>applying for promotion<br>to Senior Research<br>Fellow level, in<br>proportion to the<br>number of women at<br>the grade below. | To increase proportion of<br>female staff in senior<br>research roles.     | Q2 2021   | Office of Research<br>& Innovation  | Percentage of female<br>Senior Research Fellows<br>increased to 45%   |
| 3.3 Acaden    | nic and Research Contracts  |   |  |           | •   |   |
| 3.3.1         | Ensure equal distribution<br>of contract types to<br>academic and research<br>staff by gender | Undertake audit to<br>assess whether any<br>gender bias in contract<br>types awarded to men<br>and women  | To assess where any gender<br>bias exists in award of<br>contract types    | Q2 2021   | EDI Unit/HR   | Percentage of female<br>staff of fixed term and<br>specified purpose<br>contracts reduced by<br>2021          |
| 3.3.2         |   | Develop approach to<br>address continuity of<br>employment for female<br>research staff   | To demonstrate viable<br>career path to female<br>research staff           | Q2 2022   | HR, ORI   | HR Career Framework<br>applied to support<br>progression/sustainabilit<br>y of female contract<br>researchers |

| Referenc<br>e | Objective   | Action  | Rationale   | Timeframe         | Person Responsible | Success criteria and<br>outcome   |
|---------------|---|---|---|-------------------|--------------------|---|
| 3.4 Acader    | mic Leavers   |   |   |                   | I                  |   |
| 3.4.1         | Develop insights of<br>reasons behind departures<br>of academic staff                         | Formalise exit interview<br>process for academic<br>and research staff  | To capture feedback from departing staff  | Q4 2019           | HR/ ORI            | 60% of staff completed<br>exit interviews within 3<br>months of leaving post.   |
| 3.4.2         | _   | Conduct analysis of<br>leavers data in relation<br>to crosscutting issues<br>such as promotions<br>data, family leave rates<br>and training supports. | To gain insights and develop<br>actions to address factors<br>which may lead staff to<br>leave.                           | From Q1<br>2020   | HR/EDI Unit        | Key factors which may<br>accelerate leave rate<br>identified and addressed,<br>where possible.  |
| 3.5 Equal F   | Pay Audit   |   |   |                   | 1                  |   |
| 3.5.1         | Determine whether<br>gender pay gap exists  | Undertake annual<br>gender pay gap audit,<br>including professional,<br>support staff from May<br>2018.   | To assess if any gender pay<br>gap and allow<br>implementation of<br>appropriate measures to<br>address same as required. | Q2/Q3<br>annually | HR/EDI Unit/SMT    | Publish gender pay gap<br>audit as part of annual<br>financial returns.<br>Develop and implement<br>action plan to address<br>gender pay gap. |
| 4. SUPPOR     | RTING AND ADVANCING CAREE   | RS  |   |                   |                    |   |
| 4.1 Recruit   | tment   |   |   |                   |                    |   |
| 4.1.1         | Ensure equal<br>opportunities for male<br>and female applicants to<br>progress at recruitment | Provision of training and<br>resource guide on<br>gender-neutral language<br>in job descriptions.   | To address any bias which<br>may result due to use of<br>gendered language  | From Q1<br>2018   | HR/EDI Unit        | Increased number of<br>females at stage 1 (long-<br>listing) of application<br>process  |
| 4.1.2         |   | Develop recruitment panel database to track   | To track trends related to female applicants  | Q3 2018           | HR                 | Gender breakdown of all<br>interview panels and   |



| Referenc<br>e | Objective   | Action  | Rationale   | Timeframe                       | Person Responsible          | Success criteria and outcome  |
|---------------|---|---|---|---------------------------------|-----------------------------|---|
|               |   | gender of interview<br>panels and<br>interviewees.  |   |                                 |                             | interviewee pools<br>recorded   |
| 4.1.3         |   | Ensure minimum 40%<br>gender presentation on<br>each interview panel (5<br>people or more),<br>including at long-listing<br>and short-listing stage.        | To ensure all stages of<br>decision making are<br>informed by gender<br>balanced panels   | From Q1<br>2018                 | MHSB/SMT/HR/EDI<br>Unit     | 40% gender<br>representation on all<br>interview panels<br>achieved                     |
| 4.1.4         |   | Appoint one person on<br>the recruitment panel<br>tasked with having a<br>gender equality view<br>and remind the panel of<br>their duties as<br>appropriate | To ensure gender equality is<br>integral to all decision-<br>making.  | From Q1<br>2018                 | HR/EDI Unit                 | Gender equality<br>representative<br>designated on each<br>interview panel              |
| 4.1.5         |   | Continue to roll out<br>mandatory unconscious<br>bias online training for<br>all interview panel<br>members.  | To counter unconscious bias<br>by raising awareness of<br>same among interview<br>panel members   | Q1 annually<br>& as<br>required | HR/EDI Unit/ Head<br>of L&D | 100% completion rate of<br>unconscious bias training<br>by interview panel<br>members   |
| 4.2 Inducti   | on  |   |   |                                 |                             |   |
| 4.2.1         | Ensure equal opportunity<br>to access information and<br>support systems are<br>provided to all new<br>academic, research and | Revise induction<br>handbook and update<br>annually. Publish on<br>staff portal and email to<br>all new recruits.   | To provide induction<br>information to staff to set<br>the scene for gender<br>equality upon<br>commencement of work/as<br>reference during | Q2 annually                     | HR/ L&D                     | New induction handbook<br>published on staff portal<br>and shared with new<br>recruits. |

| Referenc<br>e | Objective  | Action   | Rationale  | Timeframe       | Person Responsible  | Success criteria and outcome  |
|---------------|--|--|--|-----------------|---|---|
|               | professional recruits  |  | employment   |                 |   |   |
| 4.2.3         |  | Develop and roll out 10<br>Fast Facts about RCSI<br>campaign for new<br>starters                         | To highlight essential on-<br>boarding information for<br>new starters         | Q2 2018         | HR/L&D  | 10 fast facts for new<br>starters campaign<br>piloted   |
| 4.2.4         |  | Promote induction to<br>academic staff (who<br>have the lowest<br>attendance rate by staff<br>category). | To ensure academic staff benefit from induction                                | Q1 2020         | Dean's<br>Office/Academic<br>Council/HR/EDI<br>Unit/ HoDs             | Attendance by academic<br>staff at induction<br>increased by 80% per<br>annum   |
| 4.2.5         |  | Incorporate an EDI<br>presentation into the<br>formal induction<br>session.                              | To set out RCSI's<br>commitment to EDI to new<br>recruits                      | From Q2<br>2018 | EDI Unit/HR   | Dedicated EDI content<br>included in staff<br>induction   |
| 4.3 Promot    | ions   | ·  |  |                 |   |   |
| 4.3.1         | Provide adequate and<br>targeted supports are in<br>place to improve<br>promotion opportunities<br>for female academic and | Develop mentoring<br>scheme for academic<br>promotions   | To provide mentorship<br>supports for female<br>academics seeking<br>promotion | From Q2<br>2019 | Dean's Office/<br>HoDs/L&D  | Academic promotions<br>mentorship scheme<br>rolled out  |
| 4.3.2         | research staff   | Provide refresher<br>unconscious bias<br>training for promotion<br>panels, including<br>external members | To remind panel members<br>of potential impact of<br>unconscious bias          | From Q3<br>2018 | Academic<br>Promotions &<br>Appointments<br>Committee, HR<br>Director | All promotions panel<br>members have<br>completed online<br>unconscious bias module<br>within one month of<br>sitting on promotions<br>panel. |

| Referenc<br>e | Objective   | Action   | Rationale   | Timeframe       | Person Responsible  | Success criteria and outcome   |
|---------------|---|--|---|-----------------|---|--|
| 4.3.3         |   | Appoint one person on<br>the promotions panel<br>tasked with having a<br>gender equality view<br>and remind the panel of<br>their duties as<br>appropriate | To ensure gender equality is<br>integral to all decision-<br>making.                        | From Q3<br>2018 | Academic<br>Promotions &<br>Appointments<br>Committee, HR<br>Director/ EDI Unit | Gender equality<br>representative<br>designated on each<br>promotions panel                                |
| 4.3.4         |   | Ensure gender balance<br>on promotions panels,<br>including external panel<br>members  | To ensure gender balance is<br>considered at all stages in<br>the promotions process.       | From Q3<br>2018 | Academic<br>Promotions &<br>Appointments<br>Committee, HR<br>Director           | 40% gender<br>representation on all<br>promotions committee<br>achieved                                    |
| 4.3.5         |   | Publish academic<br>promotions criteria on<br>RCSI website   | To ensure transparency<br>around promotions and<br>encourage benchmarking<br>with peer HEIs | From Q3<br>2018 | Director of<br>IT/Director of HR  | Academic promotions<br>criteria published on<br>RCSI website   |
| 4.3.6         |   | Continue feedback<br>process for supporting<br>those who have not<br>been successful   | To share lessons learned<br>and strengthen future<br>promotion applications                 | Q1 annually     | HR/Dean's Office  | Written and verbal<br>feedback provided to<br>unsuccessful candidates<br>within 2 weeks of<br>notification |
| 5. CAREER     | DEVELOPMENT   | l  |   |                 |   | l  |
| 5.1 Trainin   | g   |  |   |                 |   |  |
| 5.1.1         | Provision of dedicated<br>unconscious bias and EDI<br>training to all staff | Increase uptake of<br>online unconscious bias<br>training  | To help address unconscious<br>bias among staff   | Q2 2020         | EDI Unit/HR/HoDs  | Completion rate of<br>unconscious bias training<br>increased to 90% uptake                                 |

| Referenc   | Objective   | Action   | Rationale   | Timeframe        | Person Responsible   | Success criteria and  |
|------------|---|--|---|------------------|--|---|
| е          |   |  |   |                  |  | outcome   |
| 5.1.2      |   | Develop and roll out<br>half-day classroom<br>based unconscious bias<br>training to staff.                           | To augment understanding<br>and awareness of<br>unconscious bias and its<br>impact      | 3 x per<br>annum | EDI Unit/ EDI<br>Champions/ L&D                            | 120 staff complete<br>classroom based UB<br>training per annum  |
| 5.1.3      |   | Develop EDI 101 Course<br>and provide half-day<br>workshop to staff.   | To educate staff on EDI and its impact  | 3 x per<br>annum | EDI Unit/ EDI<br>Champions/ SAT<br>Education<br>Workstream | 120 staff completed<br>classroom EDI<br>Programme per annum   |
| 5.1.4      | Develop evaluation tool to<br>support short courses                 | Pilot online evaluation<br>tool for classroom based<br>short courses   | To assess impact of short<br>courses and identify any<br>other areas for<br>development | From Q1<br>2019  | Head of<br>L&D/IT/HR/QEO                                   | Online assessment tool<br>for short courses piloted,<br>with a view to long term<br>use if successful                       |
| 5.2 Apprai | sal   | I  | I   |                  | I  |   |
| 5.2.1      | Ensure PDP is accessible,<br>transparent and free of<br>gender bias | Review PDP forms to<br>make more user-friendly<br>& fit for purpose.   | To streamline PDP review process  | Q4 2017          | HR/HoDs/Staff  | PDP forms streamlined<br>to reduce time required<br>for completion, with<br>clearer instructions for<br>HoDs/Managers/Staff |
| 5.2.2      |   | Conduct annual review<br>of PDP process and<br>revise accordingly.   | To evaluate impact of PDP process   | Q4 annually      | HR Director  | Annual assessment of<br>PDP process undertaken<br>with actions for<br>improvement identified                                |
| 5.2.3      |   | Continue to develop and<br>enhance the supports<br>available to staff to<br>ensure they get the<br>most from the PDP | To provide supporting<br>documentation for PDP<br>process                               | Ongoing          | HR/ HoDs   | Annual PDP workshop<br>provided to HoDs and<br>managers. Individual<br>consultations provided                               |



| Referenc<br>e | Objective   | Action  | Rationale  | Timeframe           | Person Responsible              | Success criteria and outcome  |
|---------------|---|---|--|---------------------|---------------------------------|---|
|               |   | process including online<br>guidance materials,<br>workshops, and one-to-<br>one specialist supports<br>from HR.      |  |                     |                                 | as required   |
| 5.2.4         |   | Transition from paper-<br>based to automated<br>PDP management<br>system  | To measure PDP uptake by gender  | Q1 2021             | IT/ HR/ HoDs                    | Online PDP system<br>identified and piloted,<br>with permanent uptake<br>if successful    |
| 5.3 Suppor    | t Given to Academic Staff for (   | Career Progression  |  |                     |                                 |   |
| 5.3.1         | Increase mentoring,<br>networking and<br>professional development<br>opportunities for female<br>academic staff | Continue to provide<br>annual promotions<br>workshops for female<br>academic staff.                                   | To provide information on<br>the promotions process to<br>female academic staff  | Q3 annually         | HoDs, Dean's<br>Office, L&D     | One dedicated<br>promotions workshop<br>offered to female<br>academic staff per<br>annum  |
| 5.3.2         |   | Support Aurorian<br>Lunchtime Network and<br>develop cross HEI<br>Women in Science<br>Network for Female<br>Academics | To provide internal<br>networking opportunities<br>for female staff              | 3 x per<br>annum    | EDI Unit, HR,<br>Aurora Network | Aurorian and Women in<br>Science networking<br>lunches offered                            |
| 5.3.3         |   | Expand pool of mentors<br>through participation in<br>cross institutional<br>mentoring programme.                     | To expand mentorship<br>opportunities for female<br>staff                        | Q1 & Q3<br>annually | 30% Club Members,<br>SMT, L&D   | 4 female staff per annum<br>participated in cross<br>institutional mentoring<br>programme |
| 5.3.4         |   | Continue to support gender balanced   | To provide dedicated<br>professional development<br>opportunities for junior and | Q3 2018 &<br>2019   | L&D                             | 50% male/female participation in LDP.   |

| Referenc<br>e | Objective  | Action  | Rationale  | Timeframe  | Person Responsible                             | Success criteria and outcome   |
|---------------|--|---|--|--|--|--|
|               |  | participation in LDP and<br>increase number of<br>Aurora participants to<br>14 in 2018/19 and 20 in<br>2019/2020<br>Conduct impact<br>assessment of LDP and<br>Aurora | senior female staff  | Q3 2018 &<br>2020  | L&D  | Aurora participants<br>increased by 5<br>participants per annum<br>(14 in 2018/19, 19 In<br>2019/20)                                       |
| 5.3.5         |  | Host national LFHE/ECU<br>Conference "Leading<br>Change in Higher<br>Education"   | To provide support for national LFHE/ECU events  | Q3 2018  | L&D, EDI Unit                                  | One national LFHE/ECU<br>conference hosted at<br>RCSI  |
| 5.3.6         |  | Continue to support<br>internal/external<br>networking<br>opportunities for female<br>academic staff.   | To encourage<br>representation of female<br>staff to external audiences                                    | Ongoing  | HoDs, HR, SMT, all<br>staff                    | Continued participation<br>of female staff in<br>internal/external<br>conferences and<br>professional<br>development events.               |
| -             | WORKING  |   |  |  |  |  |
|               | Before Maternity & Adoptive L  |   |  | 1  |  |  |
| 6.1.1         | Provide clear and relevant<br>support and information<br>to staff before maternity<br>and adoptive leave | Review and update RCSI<br>Maternity/Adoptive<br>Leave Policy & develop<br>plain English guide.  | To ensure information on<br>maternity/adoptive leave is<br>easily accessible, up to date<br>and understood | Q1 2018 &<br>Q1 2020 or<br>as<br>legislative<br>changes<br>require | HR, EDI Unit,<br>Parents and Carers<br>Network | Maternity/Adoptive<br>leave policy updated bi-<br>annually (or as<br>legislation requires) and<br>plain English guide<br>published on RCSI |



| Referenc    | Objective                     | Action                    | Rationale                     | Timeframe | Person Responsible  | Success criteria and      |
|-------------|-------------------------------|---------------------------|-------------------------------|-----------|---------------------|---------------------------|
| е           |                               |                           |                               |           |                     | outcome                   |
|             |                               |                           |                               |           |                     | website & staff portal.   |
| 6.1.2       |                               | Provide summary           | To provide information to     | Q3 2019   | HR, EDI Unit, HoDs, | How to Support Your       |
|             |                               | guidance document for     | HoDS/ managers to outline     |           | Managers, Parents   | Team During Family        |
|             |                               | HoDs/managers How to      | best practice in supporting   |           | and Carers Network  | leave published on staff  |
|             |                               | Support Your Team         | staff on family leave         |           |                     | portal and disseminated   |
|             |                               | During Family Leave       |                               |           |                     | to HoDs/managers          |
| 6.1.3       |                               | Develop dedicated         | To support staff undergoing   | Q1 2020   | HR, EDI Unit, HoDs, | IVF policy and supporting |
|             |                               | policy and information    | IVF and provide information   |           | Parents and Carers  | documented developed      |
|             |                               | for managers to support   | for their managers            |           | Network             | and disseminated via      |
|             |                               | those receiving IVF       |                               |           |                     | staff portal and to       |
|             |                               | treatment.                |                               |           |                     | HoDs/Managers             |
| 6.1.4       |                               | Publish                   | To ensure transparency and    | Q3 2018   | IT, HR, EDI Unit    | Maternity and adoption    |
|             |                               | maternity/adoption        | ensure information            |           |                     | benefits published on     |
|             |                               | benefits on HR Section    | maternity/adoption benefits   |           |                     | RCSI website.             |
|             |                               | of RCSI website           | are readily accessible        |           |                     |                           |
| 6.2 Cover D | During Maternity & Adoptive L | eave                      |                               | I         | L                   |                           |
| 6.2.1       | Clarify supports offered to   | Define                    | To provide clarity on contact | Q3 2018   | HR, EDI Unit, HoDs, | Keep in touch days        |
|             | staff during maternity and    | maternity/adoption        | time with College during      |           | Managers, Parents   | clearly defined in        |
|             | adoptive leave                | leave keep in touch days  | maternity/adoptive leave      |           | and Carers Network  | maternity/adoptive        |
|             |                               | and requirements to       |                               |           |                     | leave policy              |
|             |                               | staff and managers in     |                               |           |                     |                           |
|             |                               | RCSI                      |                               |           |                     |                           |
|             |                               | Maternity/Adoptive        |                               |           |                     |                           |
|             |                               | Leave Policies.           |                               |           |                     |                           |
| 6.2.2       | 1                             | Provide free registration | To support staff on           | From Q1   | Conference &        | Increased attendance at   |
|             |                               | at RCSI conferences and   | maternity/adoptive            | 2018      | Events, HoDs, Pls,  | RCSI conferences/events   |
|             |                               | events for staff on       | interested in attending RCSI  |           | HR, EDI Unit,       | by those on               |
|             |                               | maternity/adoption        | conferences/events            |           | Parents and Carers  | maternity/adoption        |



| Referenc<br>e | Objective   | Action  | Rationale   | Timeframe       | Person Responsible   | Success criteria and outcome   |
|---------------|---|---|---|-----------------|--|--|
|               |   | leave.  | (optional)  |                 | Network  | leave, subject to uptake   |
| 6.2.3         |   | Provide staff on<br>maternity/adoption<br>leave with option to<br>attend RCSI All Staff<br>Town-hall meetings<br>through remote access<br>(optional). | To allow staff on<br>maternity/adoptive leave to<br>keep up to date with<br>institutional developments<br>(as required) | From Q3<br>2019 | Conference &<br>Events, HoDs, PIs,<br>HR, EDI Unit,<br>Parents and Carers<br>Network | IT log-in details and/or<br>recordings provided to<br>staff on<br>maternity/adoption<br>leave, subject to uptake |
| 6.3 Cover a   | nd Support for Maternity & A  | doptive Leave: Returning to   | o Work  |                 |  |  |
| 6.3.1         | Promote and advance<br>back to work supports for<br>staff returning from<br>maternity & adoptive<br>leave | Continue Protected<br>Teaching Time Scheme<br>for staff returning from<br>maternity/adoptive<br>leave.  | To support academic staff<br>returning from<br>maternity/adoptive leave in<br>managing workload                         | ongoing         | HoDs, HR   | Six month teaching free<br>period provided to<br>academic staff post<br>maternity/adoptive<br>leave.             |
| 6.3.2         |   | Host National Mumager<br>Back to Work Workshop<br>onsite in RCSI.   | To highlight RCSI's<br>participation in national<br>back to work scheme for<br>staff                                    | Q1 2018         | L&D, HoDs,<br>Managers   | National Mumager Back<br>to Work Workshop<br>hosted at RCSI  |
| 6.3.3         |   | Publish and promote<br>information on Back to<br>Work work-shop in back<br>to work pack, on the<br>staff portal and RCSI<br>website.                  | To raise awareness of Back<br>to Work workshop for those<br>returning from<br>maternity/paternity leave                 | From Q3<br>2018 | HR, L&D, HoDs,<br>Managers   | Back to Work<br>information pack<br>provided to all staff post<br>maternity/adoptive<br>leave                    |

| Referenc<br>e | Objective  | Action   | Rationale   | Timeframe  | Person Responsible                             | Success criteria and outcome   |
|---------------|--|--|---|--|--|--|
| 6.3.4         |  | Provide access to the<br>Breastfeeding/Expressin<br>g Room in 123 SSG for<br>staff returning from<br>maternity leave.  | To ensure staff requiring<br>breastfeeding expressing<br>facilities are aware of<br>facilities                        | ongoing  | Estates & Facilities,<br>HR, HoDs              | Tour and swipe access to<br>breastfeeding room<br>provided to staff upon<br>return to work post<br>maternity/adoption<br>leave |
| 6.3.5         |  | Identify a room or<br>area(s) in each building<br>on campus and new<br>buildings with<br>breastfeeding/expressin<br>g or rest facilities for<br>breastfeeding or<br>pregnant people. | To provide suitable rest<br>facilities for<br>breastfeeding/expressing<br>mothers                                     | 2020 (old<br>buildings)<br>2022 (new<br>buildings) | Estates & Facilities,<br>EDI Unit              | Breastfeeding/expressin<br>g facilities included in all<br>new RCSI building   |
| 6.3.6         |  | Review and update Back<br>to Work package for<br>returning female staff,<br>including guidelines on<br>Breastfeeding Policy and<br>Expressing Room Access                            | To provide uniform<br>information on available<br>supports to all staff<br>returning from<br>maternity/adoptive leave | Q2 annually  | HR, EDI Unit,<br>Parents and Carers<br>Network | Back to Work pack for<br>returning staff reviewed<br>on annual basis   |
| 6.3.7         |  | Ensure baby-changing<br>facilities in all RCSI<br>buildings  | To ensure appropriate baby-<br>changing facilities are<br>available across campus                                     | 2020   | Estates & Facilities,<br>EDI Unit              | Baby-changing facilities<br>installed in all RCSI<br>buildings   |
| 6.4 Matern    | ity Return Rate  |  | ·   |  |  |  |
| 6.4.          | Equip HoDs and Managers<br>with information and<br>advice on how to<br>effectively support staff | Develop and publicise<br>dedicated information<br>pack to managers to  | To raise awareness of<br>facilities in place and outline<br>best practice for<br>HoDs/managers in                     | Q4 2018  | HR, EDI Unit,<br>Parents and Carers<br>Network | Information pack on<br>supporting staff post<br>maternity/adoptive<br>leave provided to all                                    |

| Referenc<br>e | Objective   | Action   | Rationale  | Timeframe       | Person Responsible  | Success criteria and outcome   |
|---------------|---|--|--|-----------------|---|--|
|               | returning from maternity<br>leave.  | support staff<br>taking/returning from<br>maternity leave.   | supporting staff and students  |                 |   | HoDs and Managers  |
| 6.5 Suppor    | t During Parental and Paternit  | y Leave  |  |                 |   |  |
| 6.5.1         | Promote and support<br>parental leave scheme  | Develop awareness<br>raising campaign of<br>parental leave benefits<br>available to staff.   | To increase awareness of<br>parental leave programme                   | Q1 2020         | HR, EDI Unit,<br>Parents and Carers<br>Network, HoDs,<br>Managers | Increased knowledge of<br>parental leave benefits<br>amongst staff   |
| 6.5.2         |   | Where feasible,<br>encourage male and<br>female staff to take<br>parental leave as<br>required – work to<br>change the status quo/<br>any potential<br>unconscious bias<br>towards taking parental<br>leave. | To increase uptake of<br>parental leave among male<br>and female staff | From Q3<br>2018 | HR, EDI Unit,<br>Parents and Carers<br>Network, HoDs,<br>Managers | Increased uptake (10 per<br>annum) of parental<br>leave, particularly by<br>male staff   |
| 6.6 Transit   | ioning from Part-Time to Full-  | Time Work  |  |                 |   |  |
| 6.6.1         | Ensure staff transitioning<br>from part-time to full-time<br>work is adequately<br>supported. | Provide 3 x coaching<br>sessions for those<br>transitioning from part-<br>to full-time work.   | To support those<br>transitioning from part to<br>full time work.      | ongoing         | HoDs, Managers,<br>HR   | Coaching provided (as<br>required) through HR<br>department for staff and<br>HoDs/ managers<br>transitioning from part-<br>to full-time work |
| 6.6.2         |   | Provide phased increase  | To ensure manageable<br>workload for those                             | ongoing         | HoDs, Managers,   | HR to support<br>HoDs/Managers to  |

| Referenc<br>e | Objective  | Action  | Rationale  | Timeframe             | Person Responsible                                   | Success criteria and outcome   |
|---------------|--|---|--|-----------------------|--|--|
|               |  | of workload.  | transitioning from part to full time work.   |                       | HR   | manage phased increase<br>of workload for<br>transitioning from part-<br>to full-time work |
| 6.7 Childca   | re   |   |  |                       |  |  |
| 6.7.1         | Assess existing childcare<br>supports and consider<br>provision of alternative<br>childcare supports | Establish Parents and<br>Carers Staff Network to<br>support parents/carers  | To promote existing<br>supports for parents/carers<br>and identify opportunities<br>for development. | Q2 2018/<br>quarterly | EDI Unit   | Parents and Carers<br>Network launched and<br>convened 4 x per annum                       |
| 6.7.2         |  | Undertake review of<br>crèche subsidies<br>contract and provision<br>of places.   | To assess effectiveness of<br>existing crèche subsidies<br>scheme                                    | Q3 2018               | HR, Parents and<br>Carers Network                    | Crèche subsidies contract<br>reviewed  |
| 6.7.3         |  | Identify new crèche<br>facilities near Beaumont<br>hospital (current<br>contracted crèche<br>agency does not cover<br>this area). | To provide equal<br>opportunity to access<br>childcare support in<br>Beaumont                        | Q2 2019               | HR   | Crèche facilities<br>identified near<br>Beaumont hospital                                  |
| 6.7.4         |  | Raise awareness of<br>Term Time Leave<br>scheme.  | To highlight existing<br>opportunities for term time<br>leave  | From Q3<br>2019       | HR, HoDs,<br>Managers, Parents<br>and Carers Network | Presentation on Term<br>Time Leave scheme at<br>Parents and Carers<br>Network              |
| 6.7.5         |  | Develop partnership<br>with local play scheme<br>providers to support<br>parents during school                                    | To provide play scheme for<br>parents during school<br>holidays                                      | From Q2<br>2019       | HR, Parents &<br>Carers Network                      | Pilot summer play<br>scheme to assess<br>impact/uptake for longer<br>term uptake           |

| Referenc<br>e | Objective  | Action  | Rationale   | Timeframe       | Person Responsible  | Success criteria and<br>outcome   |
|---------------|--|---|---|-----------------|---|---|
|               |  | holidays.   |   |                 |   |   |
| 6.8 Caring    | Responsibilities   | L   | L   | I               | I   | L   |
| 6.8.1         | Clarify supports required<br>and provided to staff who<br>are carers.                          | Establish Parents and<br>Carers Staff Network to<br>support carers, promote<br>existing supports and<br>identified opportunities<br>for improved support.   | To specifically acknowledge<br>and identify supports<br>required by staff who are<br>carers | Q2 2018         | EDI Unit, HR, Staff   | Parents and Carers<br>Network launched and<br>convened 4 x per annum.<br>Dedicated Carer's Policy<br>implemented. |
| 6.8.2         |  | Provide additional<br>flexibility in working<br>arrangements for those<br>with caring<br>responsibilities, for<br>example through buying<br>additional leave,<br>temporary adjustments<br>and a career<br>break/unpaid leave<br>scheme. | To provide supports<br>required by staff who are<br>carers                                  | From Q1<br>2020 | EDI Unit, HR, HoDS,<br>Managers   | Undertake dedicated<br>needs assessment with<br>carers to identify<br>requirements.                               |
| 7.ORGANIS     | ATION & CULTURE  |   |   |                 |   |   |
| 7.1 Culture   |  |   |   |                 |   |   |
| 7.1.1         | Continue to develop and<br>nurture with EDI and<br>gender equality are the<br>foundation which | Roll out <i>Mind the Gap</i><br>campaign to remind<br>management/staff to<br>stop and consider<br>gender equality and   | To promote Gender Equality<br>on panels/working<br>groups/committees/speaker<br>s etc.      | Q3 annually     | EDI Unit,<br>Communications<br>Dept, Management<br>Team, HoDs,<br>Committee Chairs, | Mind the Gap email and<br>poster campaign rolled<br>out to committee chairs,<br>HoDs, managers                    |

| Referenc<br>e | Objective                   | Action   | Rationale  | Timeframe   | Person Responsible                   | Success criteria and outcome  |
|---------------|-----------------------------|--|--|-------------|--------------------------------------|---|
|               | underpins all work at RCSI. | work to ensure<br>minimum 40%<br>representation.   |  |             | all staff                            |   |
| 7.1.2         |                             | Launch EDI grant<br>scheme.  | To encourage staff to lead<br>and develop gender equality<br>initiatives/events  | Q3 annually | EDI Unit, all staff                  | Dedicated grant scheme<br>provided to 3 staff led<br>initiatives/events to<br>promote gender equality<br>per annum  |
| 7.1.3         |                             | Champion #heforshe<br>initiatives across the<br>campus and promote<br>the behaviours, values<br>and expectations which<br>are needed among male<br>and female staff to<br>make gender equality a<br>reality. | To encourage male staff to<br>support gender equality<br>initiatives   | ongoing     | EDI Unit, all staff                  | One #HeforShe staff<br>initiative organised per<br>annum  |
| 7.1.4         |                             | Continue support for<br>30% Club Women in<br>Leadership Scholarships<br>for 3 year period and<br>evaluate impact in 2021.  | To provide dedicated<br>opportunities for further<br>education/career develop<br>through female only<br>scholarship programmes | 2018 -2021  | EDI Unit, Institute<br>of Leadership | Two fully funded 30%<br>Club Women in<br>Leadership scholarships<br>provided per annum –<br>MSc in Leadership and<br>Professional Diploma in<br>Healthcare Management |
| 7.1.5         |                             | Sponsor 10 <sup>th</sup> Annual<br>European Conference<br>on Gender Equality in<br>Higher Education in   | To underline commitment<br>to long term gender equality<br>initiatives in HE   | Q3 2018     | EDI Unit                             | 10 <sup>th</sup> Annual European<br>Conference on Gender<br>Equality event sponsored<br>by RCSI   |

| Referenc<br>e | Objective  | Action   | Rationale  | Timeframe           | Person Responsible                     | Success criteria and outcome  |
|---------------|--|--|--|---------------------|--|---|
|               |  | Dublin   |  |                     |  |   |
| 7.2 HR Poli   | cies   | 1  |  | 1                   | 1                                      | 1   |
| 7.2.1         | Embed EDI/gender<br>equality across all staff<br>policies and ensure this is<br>represented in practice. | Undertake awareness<br>raising campaign of<br>revised Dignity at Work<br>Policy, Summary Guide<br>and Mechanism for<br>Reporting<br>Bullying/Harassment<br>and Discrimination. | To raise awareness of<br>amendments and supports<br>available to staff under the<br>Dignity at Work Policy | Q1 2019,<br>Q1 2021 | HR, EDI Unit, HoDs,<br>MHSB, all staff | Dignity at work policy<br>and mechanism for<br>reporting bullying and<br>harassment highlighted<br>in Speak Up! print and<br>staff portal campaign. |
| 7.2.2         | Promote zero tolerance<br>policy for bullying and<br>harassment through<br>Dignity at Work policy and    | Establish a case<br>management system for<br>reporting bullying and<br>harassment cases  | To track bullying and<br>harassments cases on stand<br>alone case management<br>system                     | Q4 2018             | HR, IT, EDI Unit                       | Case management<br>software identified and<br>rolled out  |
| 7.2.3         | roll out systems, which<br>allow effective monitoring<br>of same.  | Hold a series of<br>workshops to share<br>good practice in<br>addressing bullying and<br>harassment at<br>department/unit level  | To outline best practice for<br>addressing<br>bullying/harassment  | Q1 & Q3<br>annually | HR, EDI Unit, HoDs,<br>Managers, PIs   | Bi-annual workshop on<br>addressing bullying and<br>harassment provided to<br>HoDs, managers & PIs  |
| 7.2.4         |  | Develop and launch Safe<br>Campus Initiative for<br>staff and students   | To develop a respect,<br>consent and safety agenda<br>for RCSI staff and students                          | Q3 2019             | Dean's Office, Dept<br>of Psychology   | Safe campus initiative<br>launched: "Sexuality in<br>College life: developing a<br>respect, consent and<br>safety agenda"                           |

| Referenc<br>e | Objective  | Action  | Rationale  | Timeframe   | Person Responsible   | Success criteria and outcome  |  |  |  |
|---------------|--|---|--|-------------|--|---|--|--|--|
| 7.3 Proport   | 7.3 Proportion of Heads of School/Department by Gender   |   |  |             |  |   |  |  |  |
| 7.3.1         | Increase number of female<br>HoDs  | Review and equality<br>proof heads of school<br>and department policy<br>with provision of gender<br>targets for HoD  | To address gender<br>imbalance at HoD level  | Q1 2019     | CEO, Dean's Office,<br>HoD                                   | Appointment process for<br>head of<br>schools/department<br>reviewed and potential<br>for new/rotating<br>appointments identified |  |  |  |
| 7.3.2         |  | Support attendance by<br>female staff at one<br>external Women on<br>Boards seminar per<br>annum  | To encourage development<br>of potential female<br>HoDs/Board representatives            | annually    | EDI Unit, L&D  | Five female staff<br>attended Women on<br>Boards training and<br>applied for<br>internal/external board<br>representation.        |  |  |  |
| 7.4 Represe   | entation of Men and Women o  | on Senior Management Cor  | nmittees   |             |  |   |  |  |  |
| 7.4.1         | Review Terms of<br>Reference of governing<br>body, executive board and<br>committees and ensure<br>clause on 40% gender<br>representation is included. | Review and revise<br>membership policy of<br>governing Body (MHSB)<br>and recruitment<br>practice for Executive<br>Board (Senior<br>Management Team -<br>SMT) | To increase female<br>representation governing<br>body and executive<br>management board | Q2 2019     | MHSB, SMT, HR,<br>peer HEI<br>representative                 | Membership and<br>recruitment reviewed<br>and actions identified to<br>increase female<br>representation to 40%                   |  |  |  |
| 7.4.2         |  | Conduct audit of<br>committee membership<br>and standardise<br>definitions of<br>committees/working<br>groups/task  | To clarify committee<br>structures to ensure gender<br>recommendations are<br>applicable | Q2 annually | EDI Unit,<br>Committee chairs &<br>secretaries, MHSB,<br>SMT | Audit of all RCSI<br>Committees etc<br>undertaken and reported<br>to MHSB and SMT   |  |  |  |



| Referenc<br>e | Objective  | Action  | Rationale   | Timeframe                   | Person Responsible             | Success criteria and outcome  |
|---------------|--|---|---|-----------------------------|--------------------------------|---|
|               |  | forces/panels etc.  |   |                             |                                |   |
| 7.5 Repres    | entation of Men and Womer  | on Influential Institutional (  | Committees  |                             | 1                              | L   |
| 7.5.1         | Ensure 40% minimum<br>male/female<br>representation on all<br>boards, committees,<br>working groups, panels<br>across the college. | Ensure recommendation<br>by HEA Expert Group on<br>Gender Equality in HEIs -<br>40% minimum female<br>representation on<br>Committees - is<br>embedded through<br>adoption of RCSI Gender<br>Representation on<br>Committees Policy | To ensure institutional<br>commitment to achieving<br>40% representation on<br>committees is embedded | Q4 2019                     | EDI Unit,<br>Committee Chairs  | 40% minimum female<br>representation on all<br>committees   |
| 7.5.2         |  | Extend membership<br>base of Committees to<br>ensure balanced<br>perspective, where<br>possible.  | To allow Committees with<br>established membership<br>base to reach 40%<br>representation             | Q3 2018                     | MHSB, Committee<br>Chairs      | Membership base of<br>institutional committees<br>extended to allow 40%<br>female representation,<br>where rotation of<br>members is not feasible |
| 7.5.3         |  | Annual reporting to<br>Governing Body and<br>Executive Management<br>Team on % of female<br>representation.   | To ensure oversight and<br>reporting of gender targets<br>for committees                              | From Q3<br>2019<br>annually | MHSB, SMT,<br>Committee Chairs | Gender profile reports<br>submitted by Committee<br>Chairs to MHSB and SMT  |
| 7.5.4         |  | Actively encourage<br>female members of staff<br>to apply for Committees<br>through the adoption of<br>a formal process of  | To ensure appointments to committees are transparent and open   | ongoing                     | HoDs, Dean's Office            | Openings on committees<br>published to ensure<br>open and transparent<br>appointment processes  |



| Referenc<br>e | Objective   | Action   | Rationale   | Timeframe            | Person Responsible                             | Success criteria and<br>outcome  |
|---------------|---|--|---|----------------------|--|--|
|               |   | appointment for any/all<br>Committee members.  |   |                      |  |  |
| 7.5.5         |   | Provision of Committee<br>Membership seminar<br>for senior female staff<br>to help prepare RCSI's<br>talent for<br>committee/board<br>service, and to lay the<br>groundwork for future<br>placements on<br>committees. | To highlight to impact of<br>increased female<br>representation on<br>committees              | Q2 & Q4<br>annually  | L&D, female senior<br>staff                    | Two hour seminar<br>provided on the benefits<br>of committee<br>membership and how<br>committees can shape<br>the work of an<br>organisation (facilitated<br>by committee members<br>in external<br>organisations) |
| 7.5.6         |   | Review/Update VC<br>facilities in Beaumont to<br>encourage remote<br>access to committee<br>meetings   | To ensure access to<br>committee meetings<br>through high quality VC<br>facilities            | Q3 2018 &<br>Q4 2020 | IT &VC Services                                | VC facilities reviewed<br>and updated as required.<br>Easy to use conference<br>call service (which does<br>not require individual<br>registration) identified<br>and shared with all staff.                       |
| 7.6           | Review committee<br>membership/role<br>allocation to address any<br>potential task overload by<br>gender. | Review Terms of<br>Reference of<br>Committees to ensure<br>inclusion of a) role<br>rotation, b) Deputising,<br>c) Shadowing.   | To highlight any potential<br>task overload/ensure task<br>allocation is shared by<br>gender. | Q3<br>Annually       | EDI Unit, CEO, SAT<br>Governance<br>Workstream | Shared task load for all<br>committee members,<br>irrespective of gender.  |
| 7.7 Institut  | tional Policies, Practices and P  | rocedures  |   |                      |  |  |
| 7.7.1         | Undertake staff<br>consultation and EDI   | Undertake annual EDI<br>audit of RCSI staff  | To ensure staff policies are kept up to date with   | Q2                   | EDI Unit, HR, Staff<br>Policy Consultation     | EDI audit of RCSI staff<br>policies undertaken   |

| Referenc<br>e | Objective   | Action   | Rationale   | Timeframe           | Person Responsible                                  | Success criteria and outcome  |
|---------------|---|--|---|---------------------|---|---|
|               | proofing of staff policies  | policies.  | legislative developments  | Annually            | Group   | annually.   |
| 7.7.2         |   | Review Policy<br>Amendments and new<br>Policies at Staff Policy<br>Consultation Group<br>meetings.   | To ensure consultation/buy<br>in for policy<br>amendments/new staff<br>policies   | Q1 & Q3<br>Annually | EDI Unit, HR, Staff<br>Policy Consultation<br>Group | Staff Policy Consultation<br>Group convened bi-<br>annually to review policy<br>amendments and new<br>policies, make<br>recommendations to<br>SMT/MHSB. |
| 7.8 Worklo    | ad Modelling  |  |   |                     |   |   |
| 7.8.1         | Support departments to<br>assess current workload<br>management and<br>identify/address any<br>gender disparities in task | Identify good practice<br>for workload<br>management and<br>develop clear guidelines<br>for all departments.   | To support departments in<br>identifying good practice for<br>workload management | Q3 2020             | HoDs, Department<br>Staff                           | Best practice for<br>workload management<br>in peer institutions<br>reviewed and guidelines<br>developed with staff.                                    |
| 7.8.2         | - allocation.   | Roll out unconscious<br>bias workshop for HoDs<br>to help support gender<br>equality in monitoring<br>workloads at<br>departmental level e.g.<br>allocation of<br>duties/responsibilities. | To ensure fair division by<br>gender of<br>duties/responsibilities                | Q2 2019             | HoDs, HR, EDI Unit                                  | UB workshop provided<br>to HoDs to highlight<br>importance of task<br>rotation etc.   |
| 7.8.3         |   | Collect and analyse data<br>from departmental pilot<br>models to identify any<br>gender disparities and  | To address any gender<br>disparities in task allocation<br>at department level    | Q2 2021             | HoDS, HR, EDI Unit,<br>MHSB, Academic<br>Council    | Self-nominated<br>departments share<br>results on workload<br>modelling pilot at  |

| Referenc   | Objective                     | Action                               | Rationale                  | Timeframe   | Person Responsible    | Success criteria and       |
|------------|-------------------------------|--------------------------------------|----------------------------|-------------|-----------------------|----------------------------|
| е          |                               |                                      |                            |             |                       | outcome                    |
|            |                               | introduce actions in                 |                            |             |                       | Academic Council           |
|            |                               | response to these as                 |                            |             |                       |                            |
|            |                               | appropriate.                         |                            |             |                       |                            |
| 7.9 Timing | of Institutional Meetings and | Social Gatherings                    |                            | L           |                       |                            |
| 7.9.1      | Roll out core meeting         | Develop & implement                  | To ensure staff meetings   | From Q1     | MHSB, SMT, Dean's     | All core institutional and |
|            | hours policy and provide      | Core Meetings Hours                  | take place between core    | 2018        | Office, EDI Unit, HR, | departmental meetings      |
|            | necessary supports to         | Policy.                              | meeting hours              |             | all staff, HoDs       | take place between 9-      |
|            | allow compliance.             |                                      |                            |             |                       | 5pm                        |
| 7.9.2      |                               |                                      | To ensure facilities are   | Q2 annually | HR, EDI Unit, Events  | Impact on room booking     |
|            |                               | Monitor impact of Core               | available to allow all     |             | & Communications      | system assessed and        |
|            |                               | Meeting Hours Policy                 | required meetings during   |             |                       | implement changes          |
|            |                               | e.g. impact on room                  | core meeting hours         |             |                       | where required             |
|            |                               | bookings                             |                            |             |                       |                            |
|            |                               | system/available space               |                            |             |                       |                            |
|            |                               | and availability of staff to attend. |                            |             |                       |                            |
|            |                               | to attend.                           |                            |             |                       |                            |
| 7.9.2      |                               |                                      | To provide staff with      |             |                       | Targeted "Did You          |
| 7.5.2      |                               | Provide step by step                 | resources and framework to | Q1 annually | ІТ                    | Know?" tips on how to      |
|            |                               | guide to staff on how to             | manage email               |             |                       | better manage email etc.   |
|            |                               | save draft                           | communications             |             |                       | issued to HoDs,            |
|            |                               | email/automate                       |                            | Q1 annually | EDI Unit, all staff   | Managers, PIs supported    |
|            |                               | sending.                             |                            |             |                       | to develop and             |
|            |                               |                                      |                            |             |                       | implement personal         |
|            |                               |                                      |                            |             |                       | communications charter.    |
|            |                               | Encourage HoDs,                      |                            |             |                       |                            |
|            |                               | Managers, PIs and their              |                            |             |                       |                            |
|            |                               | teams to develop a                   |                            |             |                       |                            |
|            |                               | personal                             |                            |             |                       |                            |



| Referenc<br>e | Objective               | Action                          | Rationale                   | Timeframe | Person Responsible | Success criteria and outcome |
|---------------|-------------------------|---------------------------------|-----------------------------|-----------|--------------------|------------------------------|
|               |                         | Communications                  |                             |           |                    |                              |
|               |                         | Charter.                        |                             |           |                    |                              |
| 7.10 Visibil  | ity of Role Models      |                                 |                             |           |                    |                              |
| 7.10.1        | Ensure 50% of honorary  |                                 | To recognise the            |           |                    | Half of honorary             |
|               | doctorate               | Revise the Terms of             | contributions of            | Twice     | MHSB, Dean,        | doctorates are awarded       |
|               | nominations/appointment | Reference of the                | distinguished females       | annually  | Honorary Awards    | to female candidates.        |
|               | s are female.           | Honorary Awards and             | through honorary            |           | and Appointments   |                              |
|               |                         | Appointments                    | appointments                |           | Committee          |                              |
|               |                         | Committee to stipulate          |                             |           |                    |                              |
|               |                         | that 50% of nomination          |                             |           |                    |                              |
|               |                         | and appointments are            |                             |           |                    |                              |
|               |                         | female.                         |                             |           |                    |                              |
| 7.10.2        | Emphasis commitment to  |                                 | Ensure visibility of female |           |                    | Annual calendar of           |
|               | EDI through profiling   | Support Women's                 | role models. "You cannot be | Q2 2018   | SAT Comms          | gender equality events       |
|               | female role models and  | Executive Network Top           | what you cannot see"        |           | Workstream,        | rolled out, with             |
|               | provision of gender     | 25 Most Powerful                |                             |           | Conference &       | International Women's        |
|               | equality events         | Women In Ireland                |                             |           | Events, EDI Unit,  | Day as landmark event        |
|               |                         |                                 |                             |           | EDI Champions, SAT | each year.                   |
|               |                         | Host LFHE/ECU Annual            |                             | Q2 2018   | Members            |                              |
|               |                         | Ireland Conference              |                             | Q2 2018   |                    |                              |
|               |                         | Host American                   |                             | Q3 2018   |                    |                              |
|               |                         | Association of Women            |                             |           |                    |                              |
|               |                         | Surgeons Ireland                |                             |           |                    |                              |
|               |                         | Meeting in RCSI                 |                             |           |                    |                              |
|               |                         |                                 |                             | Q3 2018   |                    |                              |
|               |                         | Support 10 <sup>th</sup> Annual |                             |           |                    |                              |
|               |                         | Gender Equality in              |                             |           |                    |                              |
|               |                         | Education Conference            |                             |           |                    |                              |
|               |                         | with TCD                        |                             |           |                    |                              |



| Referenc<br>e | Objective   | Action   | Rationale   | Timeframe                  | Person Responsible   | Success criteria and outcome  |
|---------------|---|--|---|----------------------------|--|---|
|               |   | Host #HeforShe<br>Celebration  |   | Q3 2018                    |  |   |
|               |   | Celebrate International<br>Women's Day (Mar<br>annually) and<br>International Men's Day<br>(Nov annually)                    |   | Q1 annually<br>Q4 annually |  |   |
|               |   | Unveiling of Women on<br>Walls & documentary<br>feature  |   | Q1 2019<br>Q1 2021         |  |   |
|               |   | Curate and Promote<br>Women in Science<br>Exhibition   |   |                            |  |   |
| 7.10.3        | Continue to raise<br>awareness of female role<br>models/RCSI Women in<br>STEMM and gender<br>equality initiatives<br>through online and print | Update RCSI EDI/Gender<br>Equality webpage with<br>transition to new RCSI<br>website in September<br>2018                    | To ensure accessible<br>repository for all<br>EDI/Gender Equality/Athena<br>SWAN information. | Q4 2022                    | Chief Information<br>Officer, IT,<br>Communications<br>SAT Work-stream | Increased number of<br>page views on RCSI<br>Athena SWAN webpage  |
| 7.10.4        | media   | Continue to profile<br>gender equality<br>initiatives through social<br>media platforms –<br>Twitter, Facebook,<br>Snapchat. | To ensure actions are<br>promoted to internal,<br>external & staff/student<br>audiences.      | Q4 2022                    | Communications<br>SAT Work-stream,<br>EDI Unit                         | Number of twitter<br>followers increased to<br>1000<br>Increased number of<br>impressions for Gender<br>Equality/AS posts |

| Referenc<br>e | Objective  | Action  | Rationale  | Timeframe   | Person Responsible                             | Success criteria and outcome   |
|---------------|--|---|--|-------------|--|--|
| 7.10.5        |  | Develop photo bank of<br>RCSI women in STEMM<br>for use by design and<br>communications team<br>to draw from in RCSI<br>publications/design.  | To ensure design team/all<br>departments responsible for<br>RCSI publications (Annual<br>Report, Internal publications<br>including CEO memo, Scope,<br>bulletins etc.) have access to<br>gender balanced imagery. | Q4 2022     | Communications<br>SAT Work-stream,<br>EDI Unit | Increased representation<br>of females in RCSI<br>branded institutional<br>and departmental print<br>and online material |
| 7.11 Outre    | ach  |   |  |             |  |  |
| 7.11.1        | Demonstrate that<br>outreach activities are<br>core to EDI mandate | Define outreach at RCSI,<br>particularly engagement<br>outside of REACH<br>community engagement<br>programme and through<br>programmes<br>undertaken through<br>individual grants and<br>assess how this relates<br>to Strategic Plan<br>objectives for EDI | To classify outreach<br>activities and capture<br>breadth of outreach<br>activities taking place   | Q3 2018     | MHSB, SAT Comms<br>Workstream                  | Outreach objectives<br>clearly defined by MHSB   |
| 7.11.2        |  | Undertake review of<br>outreach activity/event<br>participation by school<br>type and gender.   | To assess uptake of<br>outreach activities by<br>gender  | Q2 annually | EDI Unit, REACH,<br>SAT Comms<br>Workstream    | Publish annual outreach<br>activities status report  |
| 7.11.3        |  | Develop reporting tool<br>to track outreach   | To record participation of staff in outreach activities.   | Q4 2019     | EDI Unit, REACH, IT,<br>HoDs, PIs,             | Launch online reporting<br>tool which will allow<br>outreach leads to share  |

| Referenc<br>e | Objective  | Action  | Rationale  | Timeframe            | Person Responsible  | Success criteria and outcome   |
|---------------|--|---|--|----------------------|---|--|
|               |  | uptake by staff   |  |                      | Managers  | details of activities and<br>uptake by staff by<br>gender  |
| 7.12 Leade    | rship/Departmental Application                                   | ons   |  |                      |   |  |
| 7.12.1        | Develop and implement<br>AS departmental<br>applications process | Engage with peer HEIs<br>to learn about best<br>practice for Athena<br>SWAN departmental<br>submissions.            | To learn from best practice<br>in AS departmental<br>applications  | 2 x per<br>annum     | EDI Unit, peer HEIs   | Peer engagement with<br>departmental SATs in<br>peer institutions<br>facilitated for 5<br>departments per annum. |
| 7.12.2        |  | Provide bi-annual<br>briefing sessions on the<br>Athena SWAN<br>departmental<br>application process.                | To provide information to<br>Departmental leads<br>interested in submitting AS<br>departmental application | Q1 & Q3<br>per annum | Athena SWAN<br>Project Officer, ECU<br>lead                     | Departmental Athena<br>SWAN briefing sessions<br>provided  |
| 7.12.3        |  | Appoint dedicated<br>Departmental Athena<br>SWAN Project Officer to<br>support departmental<br>application process. | To ensure in-house support<br>for departmental<br>submissions  | Q3 2018              | EDI Unit, HR  | Departmental Athena<br>SWAN Project Officer<br>appointed   |
| 7.12.4        |  | Submit five<br>departmental<br>applications per annum.  | To ensure AS principles are<br>embedded at departmental<br>level   | Q2 & Q4<br>per annum | Department SATs,<br>EDI Unit, Athena<br>SWAN Project<br>Officer | Five bronze<br>departmental<br>applications submitted<br>per annum.  |
| 8.SUPPORT     | ING TRANS PEOPLE   |   |  |                      |   |  |
| 8.1 Current   | Policy & Practice  |   |  |                      |   |  |
| 8.1.1         |  | Roll out Phases 2-5 of  |  | Q1 2018 –            | EDI Unit, SAT, staff  | 500 staff and students   |



| Referenc<br>e | Objective   | Action  | Rationale   | Timeframe              | Person Responsible  | Success criteria and outcome  |
|---------------|---|---|---|------------------------|---|---|
|               | Cultivate inclusive<br>environment and support<br>mechanisms for trans and<br>gender non-conforming<br>staff and students | TENI Trans 101 training<br>(Phase 1: Front Line<br>Service Staff; Phase 2)<br>Student Class<br>Representatives; Phase<br>3) SMT/ HoDs/<br>Academic Staff; Phase 4)<br>PIs/ Research Staff; 5)<br>Managers/ Professional<br>Staff<br>Offer open attendance<br>at annual refresher<br>training. | To raise awareness of<br>transgender and gender<br>non-conforming staff and<br>students                   | Q1 2019<br>Q4 annually | and student<br>networks, Pride<br>Network, Education<br>SAT Workstream,<br>TENI | trained in Trans 101  |
| 8.1.2         |   | Include Gender Identity<br>and Expression/Trans<br>Introduction and<br>information on Pride<br>Network at EDI<br>Induction for all new<br>staff.  | To ensure transgender and<br>gender non-conforming<br>staff are represented in EDI<br>induction materials | monthly                | EDI Unit, Pride<br>Network  | Gender Identity and<br>Expression included in<br>EDI induction<br>presentation                        |
| 8.1.3         |   | Apply for Stonewall<br>Diversity Champions<br>Accreditation (or Irish<br>equivalent) as available.  | To ensure compliance with<br>international LGBT+<br>standards   | Q2 2020                | EDI Unit, Pride<br>Network  | Stonewall Diversity<br>Champions or equivalent<br>Irish accreditation<br>achieved                     |
| 8.2 Monito    | pring   |   |   |                        |   |   |
| 8.2.1         | Undertake monitoring and<br>evaluation of gender<br>identity and expression   | Assess and report on<br>impact of Gender<br>Identity and Expression<br>initiatives in the EDI   | To ensure transparency and<br>accountability for gender<br>identity and expression                        | Q1 2019<br>and 2021    | EDI Unit, Pride<br>Network  | Focus groups on Gender<br>Identity and Expression<br>initiatives undertaken<br>with Pride Network and |

| Referenc<br>e | Objective  | Action   | Rationale  | Timeframe                      | Person Responsible   | Success criteria and outcome  |
|---------------|--|--|--|--------------------------------|--|---|
|               | initiatives  | Annual Report.   | initiatives  |                                |  | staff and feedback<br>included in EDI annual<br>report  |
| 8.2.2         |  | Review Trans 101<br>Training Programme   | To assess impact of Trans<br>101 training  | Q1 2019                        | EDI Unit, Policy SAT<br>Workstream, all<br>staff                         | Trans 101 training<br>reviewed through before<br>and after questionnaire  |
| 8.2.3         |  | Engagement with staff<br>Pride Network   | To engage with staff Pride<br>network to monitor any<br>positive/negative impact of<br>interventions.                | ongoing                        | EDI Unit, QEO,<br>Pride Network.<br>Policy SAT<br>Workstream             | Bi-annual progress<br>report submitted to SAT<br>by Pride Network   |
| 8.2.4         |  | Include dedicated<br>question on<br>implementation of<br>Gender Identity and<br>Expression Policy in staff<br>EDI survey.                  | To benchmark progress<br>against gender identity and<br>expression targets   | Q3 bi-<br>annually             | EDI Unit, QEO,<br>Pride Network.<br>Policy SAT<br>Workstream             | New question on Gender<br>Identity and Expression<br>added to EDI staff<br>survey.  |
| 8.3 Further   | Information  |  | I  | I                              | I  |   |
| 8.3.1         | Progress Gender Identity<br>and Expression agenda<br>through engagement with<br>external stakeholders. | Develop and share<br>guidance documents on<br>supporting trans and<br>gender non-conforming<br>staff and students                          | To ensure information on<br>gender identity and<br>expression is clear and<br>easily accessible                      | Q3 2018<br>Q3 2020<br>(update) | EDI Unit, TENI,<br>Policy SAT<br>Workstream                              | Trans 101 Jargon Buster<br>published on staff portal  |
| 8.3.2         |  | Undertake consultation<br>to assess how RCSI can<br>position itself to best<br>support medical<br>requirements of<br>transgender people in | To determine what<br>additional supports the<br>college can provide for trans<br>and gender non-conforming<br>people | 2020 - 2022                    | EDI Unit, Pride<br>Network, Academic<br>Council, MHSB,<br>Students Union | Consultation on medical<br>support for trans people<br>completed with<br>Departments of General<br>Practice, OB/GYN,<br>Psychology, Surgery and |



| Referenc<br>e | Objective  | Action   | Rationale  | Timeframe       | Person Responsible                                  | Success criteria and outcome  |
|---------------|--|--|--|-----------------|---|---|
|               |  | Ireland.   |  |                 |   | Urology, with<br>recommendations<br>submitted to MHSB and<br>Academic<br>Council/Student Union<br>to guide curriculum<br>review |
| 8.3.3         |  | Provide support for 4<br>Staff Pride Network<br>events/activities per<br>annum | To increase visibility and raise awareness of staff Pride Network        | From Q1<br>2018 | EDI Unit, Pride<br>Network and Allies,<br>all staff | Four pride networks<br>activities completed per<br>annum  |
| 8.3.4         |  | Annual participation in<br>Dublin City Pride<br>celebrations                   | To demonstrate support for the LGBT+ community                           | Q2 annually     | EDI Unit, Pride<br>Network and Allies               | Pride celebrated at RCSI  |
| 9.1           | Assess cross cutting<br>themes of ethnicity and<br>gender equality | Capture data for<br>ethnicity of staff on<br>CORE HR.                          | To establish impact of<br>ethnicity and gender on<br>female advancement. | Q3 2020         | HR, EDI Unit  | Intersectionality data<br>collection and review<br>process implemented  |
| 9.2           | (Intersectionality).   | Capture data for<br>ethnicity of students via<br>Quercus.                      |  | Q3 2020         | HR, SARA Office                                     | with follow up actions as required.   |

