RRI and Gender Equity as a Catalyst for Change

29 May 2020

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About Us

• Collaboration between Oxford University Hospitals NHS Foundation Trust and the University of Oxford to fund medical research

• Based at Oxford University Hospitals one of the largest NHS acute teaching hospitals in the UK with an international reputation for services and research

• Run in partnership with the University of Oxford consistently ranked as the world’s best institution for medical teaching and research

• Bringing together clinical expertise, industry and academic excellence to benefit NHS patients

https://youtu.be/_zuO3oEmZn4
Our research programmes are divided into 20 Themes and take place across multiple sites, including OUH’s John Radcliffe, Churchill and Horton General hospitals, and the Nuffield Orthopaedic Centre, as well as University premises throughout the city.

Research supported by the BRC flourishes because it is fully integrated with Oxford’s major hospitals, which employ more than 12,000 staff and have one million patient contacts a year.

This co-location of world-class clinical and research facilities ensures that medical innovations can be quickly moved “from bench to bedside”, out of laboratories, into clinical trials and on to the NHS care setting.
Oxford Biomedical Research Centre output metrics

- >6000 peer reviewed publications
- 18 spin-out companies
- £1.4 billion external funding
- BENEFITS for NHS patients
- 271 patents filed
- >3500 NIHR academy members (student trainees)
- ≈4,000 research projects
- >5 million subjects recruited
Oxford Biomedical Research Centre output example

https://oxfordbrc.nihr.ac.uk/oxford-covid-19-vaccine-begins-human-trial-stage/
Case for gender equity

- **Social progress imperative**: gender equity is a human right and a fundamental value of our society;
- **Scientific workforce sustainability**: increasing the number of scientists requires retention and advancement of women in science;
- **Scientific discovery**: gender diversity in groups is associated with greater problem-solving, higher collective intelligence, and higher-quality research;
- **Team science**: women more frequently than men pursue collaboration, interdisciplinary research, and transformational leadership;
- **Scientific rigour**: women more frequently than men investigate sex- and gender-related variables in medical research increasing its reproducibility and translational potential
- **Legitimisation of public support for science**: if science is to benefit society, it must be representative of the society it serves

Ovseiko, PV. et al. Athena SWAN-linked funding incentives accelerate women’s research leadership. Forthcoming
One of the things the panel and I were very concerned about going forward, is how both the academic and NHS partners are supporting women in clinical academia so that they can develop into and be appointed to senior leadership positions.

I was embarrassed on behalf of our nation to hear some of the responses.

When we next run the competition for NIHR BRCs… we do not expect to short-list any NHS/University partnership where the academic partner has not achieved at least the Silver Award of the Athena SWAN Charter for Women in Science.
Understanding the Athena SWAN award scheme for gender equality as a complex social intervention in a complex system: analysis of Silver award action plans in a comparative European perspective

Evanthia Kalpazidou Schmidt, Pavel V. Ovseiko, Lorna R. Henderson & Vasiliki Kiparoglou

*Health Research Policy and Systems* 18, Article number: 19 (2020)
A retrospective analysis of gender parity in scientific authorship in a biomedical research centre

Rinita Dam, Syed Ghulam Sarwar Shah, Maria Julia Milano, Laurel D Edmunds, Lorna R Henderson, Catherine R Hartley, Owen Coxall, Pavel V Ovseiko, Alastair M Buchan, Vasiliki Kiparoglou

doi: https://doi.org/10.1101/2020.02.24.962175

This article is a preprint and has not been certified by peer review [what does this mean?].
Gender parity in scientific authorship — bibliometric analysis
A survey to explore new markers of achievement to assess and monitor gender equity in an NIHR Biomedical Research Centre: A two-factor model

Lorna R Henderson, Syed Ghulam Sarwar Shah, Pavel Ovseiko, Rinita Dam, Alastair M Buchan, Helen McShane, Vasiliki Kiparoglou

doi: https://doi.org/10.1101/2020.02.04.20020347

This article is a preprint and has not been peer-reviewed [what does this mean?]. It reports new medical research that has yet to be evaluated and so should not be used to guide clinical practice.
Gender equity in NIHR BRCs: an exploratory study

• Results:
  • Response rate:
    • 36% (243/680 respondents)

• Demographics:
  • Female (55%, n=133)
  • Age 41-50 years (33%, n=81)
  • Investigators (33%, n=81)
  • Affiliation with the BRC for 2-7 years (39.5%, n=96)
Results:

• Top 2 very important markers of gender equity:
  • All participants:
    • Senior leadership roles (58%, n=141)
    • Organisational policies on gender equity (57%, n=139)
  • Female participants:
    • Organisational policies on gender equity (64.7%, n=86/133)
    • Recruitment and retention (60.9%, n=81/133)
  • Male participants:
    • Leadership development (52.1%, n=50/96)
    • Senior leadership roles (50%, n=48/96)
Gender equity in NIHR BRCs: an exploratory study

**Results:**

- **Factor analyses:** Two distinct latent dimensions identified *organisational markers* and *individual markers* of GE in BRCs.
Gender equity in NIHR BRCs: an exploratory study

- Open ended comments

Three key areas of actions identified:

1. Monitoring and benchmarking
2. Organisational support for those with childcare responsibilities
3. Leadership and Institutional support for GE

"I think analysis by role is important - you can see that particular roles are heavily filled by one gender. Why this is occurring needs to be understood and addressed.” (R50, Male)

“A research enablement fund for researchers with caring responsibilities would be very helpful.” (R246, Female)

“...ensuring the policies and opportunities are there for both genders throughout the organisations ..is the most important thing”. (R125, Male)

“Policy on promoting women in science ...at an HR level required.” (R153, Female), “Equity in pay.” (R172, Female)

“If 'influencer' roles are appropriately gender-diverse, then policies, training programmes etc. will reflect that”. (R129, Prefer not to state gender)"
Conclusions:

- Two-factor model of markers of achievement for GE with organisational and individual dimensions in an NIHR BRC setting.

- The implementation and sustainability of gender equity requires commitment at both senior leadership and organisational policy level.
Qualitative study of women within the NIHR Oxford BRC

- 16 interviews completed with a range of female researchers and leaders across the NIHR Oxford BRC

- **Emerging themes**
  - Gathering metrics is key but there are broader cultural and structural issues to address as current metrics and performance indicators not equitable to women
  - Visibility of women at a senior level
  - Citizenship work should be measured e.g. committees etc “the housework of academia”
  - Networks are important – “Being let into the network”/work life balance - networking can be challenging
Summary

• Starbioss has catalyzed the **first studies of Gender** specific to Biomedical Research centres in the UK

• **New benchmarking:** trends of authorship and Gender in collaboration with the Bodleian libraries

• **New benchmarking systems:** record Gender and authorship for the first time using the Symplectic database at Oxford University

• As one of the largest BRCs in the country we can **influence change** with this important new benchmarking data
STARBIOS2 as a catalyst for change
Thank you

This project has received funding from the European Union’s Horizon 2020 research and innovation programme under grant agreement No 709517 and the National Institute for Health Research Oxford Biomedical Research Centre.