

2022-2024

# *Gender Equality Plan*



I.R.C.C.S. Ospedale  
San Raffaele

Gruppo San Donato

The Gender Equality Plan (GEP) of Ospedale San Raffaele (OSR) is a strategic document that promotes equal opportunities and inclusion for people working at the hospital and considers gender medicine a necessary tool for scientific excellence. It reflects the values and mission of our institution, which places people at the centre of the entire organization.

Our aim is to encourage full participation, better appreciation, and therefore the individual and collective well-being of all people working at the hospital. We also intend to promote growing awareness of the gender perspective in the various areas of clinical activity and research in line with developments in national and European regulations.

The creation of this plan, which is the result of long-term collective work that has involved the collaboration of various Departments and Offices within the structure, represents the first step along a cultural and educational path that the entire organization of Ospedale San Raffaele is called upon to follow.

We strongly believe in this project, which is why we have chosen to invest in implementing several activities with concrete aims to: achieve a better balance in the presence of men and women; integrate the gender perspective in medicine and research; contribute to individual well-being through measures of work-life balance; combat sexual harassment and gender violence; promote the gender perspective in biomedical research and clinical practice; raise awareness about gender equality and reinforce positive attitudes towards inclusion; and, finally, measure all of this through a system to monitor implementation of the GEP and collect data.

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***1.***

**INTRODUCTION**

Gender equality is a fundamental principle of the European Union (EU), whose documents have long reiterated the need to implement concrete actions to make it not just a statement of principle but a reality.

To reach this objective, the Gender Equality Strategy 2020–2025 indicates the need to work on introducing gender equality measures and also encouraging greater integration of the gender perspective in all stages of policy development in the EU, detailing the various fields of intervention.

In reference to the areas of Research and Innovation, the European Union has long underlined the need to intervene to increase the presence of women in top positions<sup>1</sup> by supporting their scientific careers through the creation of family-friendly working environments<sup>2</sup> and by integrating the gender aspect in research<sup>3</sup>. The overall goal is to make these areas increasingly attentive to the needs of all European citizens.

The most recent provision supporting the adoption of the gender perspective in research and innovation is an obligation for all organizations wishing to access funding through the Horizon Europe Programme to adopt a Gender Equality Plan (GEP)<sup>4</sup>.

In harmony with EU indications, the National Recovery and Resilience Plan (NRRP)<sup>5</sup> includes a national strategy to combat gender discrimination, which cuts across all the missions included in the plan, covering five priorities: work, income, skills, time, and power. The NRRP also sets the explicit goal of moving up five points by 2026 in the Gender Equality Index of the European Institute for Gender Equality – EIGE<sup>6</sup> (Italy currently ranks 14th, with a score of 63.8 out of 100, 4.2 points below the EU average).

Respect for gender equality is a prerequisite in obtaining NRRP funding and must be present in reporting. In addition, the NRRP requires the integration of gender in research and innovation activities, which in biomedicine implies the development of research according to the approach of inclusive medicine, as indicated in the National Plan for the Application and Spread of Gender Medicine defined by the Ministry of Health<sup>7</sup>.

Finally, the Ministry of Health itself has recently acknowledged existing gender discrimination in healthcare organizations and in April 2022, it established a technical panel to work on the professional development of women in healthcare<sup>8</sup>.

In sum, there are many European and national requests in terms of both gender policies and inclusive medicine.

GEPs are tools for planning and organizational change used by organizations to set priorities, concrete goals, and specific measures to improve gender equality within the organization and in the field of healthcare and research, following an in-depth evaluation of the current state.

The Gender Equality Plan (GEP) of Ospedale San Raffaele (OSR) is therefore a strategic document that promotes equal opportunities and inclusion for people working at the hospital and considers gender medicine a necessary tool for scientific excellence.

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<sup>1</sup> Conclusions of the Council of the European Union of 18 April 2005 with reference to the European Research Area.

<sup>2</sup> Conclusions of the Council of the European Union of 30 May 2008.

<sup>3</sup> Conclusions of the Council of the European Union of 26 May 2010.

<sup>4</sup> European Commission (2021), Horizon Europe guidance on Gender Equality Plans.

Available at: <https://op.europa.eu/en/publication-detail/-/publication/ffcb06c3-200a-11ec-bd8e-01aa75ed71a1/language-en/format-PDF/source-232129669>

<sup>5</sup> The text can be found at : <https://www.governo.it/sites/governo.it/files/PNRR.pdf>

<sup>6</sup> Gender equality Index 2021. Available at: <https://eige.europa.eu/gender-equality-index/2021>

<sup>7</sup> Il testo è reperibile al link: [https://www.salute.gov.it/imgs/C\\_17\\_pubblicazioni\\_2860\\_allegato.pdf](https://www.salute.gov.it/imgs/C_17_pubblicazioni_2860_allegato.pdf)

<sup>8</sup> The panel was instituted by the Undersecretary of the Ministry of Health, Pierpaolo Sileri, with the decree of 12 April 2022

In line with national and European legislation, the plan aims to encourage full participation, better appreciation, and therefore the individual and collective well-being of all people working at the hospital. It also intends to promote growing awareness of the gender perspective in the various areas of clinical activity and research in line with the most recent requirements in national and European regulations<sup>9</sup>.

Drafted following long-term collegial work that involved the collaboration of different Departments and Offices within the structure, the GEP of Ospedale San Raffaele considers the complexity of the organization in terms of size, personnel, and relationships with other organizations.

As required by European Commission indications, this document first presents the results of the preliminary gender auditing phase, in which quantitative and qualitative data were collected to reconstruct the current situation on gender equality and inclusion in the organization. Next, the objectives and actions set out in the plan are presented.

The plan consists of 26 specific objectives and 37 actions to implement over the course of two years, from June 2022 to May 2024. For each action, the GEP identifies responsibilities, specific resources, completion times, and indicators for monitoring both during and after the implementation.

## 1.1 OSPEDALE SAN RAFFAELE

Ospedale San Raffaele is a private Scientific Institute for Research, Hospitalization, and Healthcare (Istituto di Ricovero e Cura a Carattere Scientifico – IRCCS) accredited by the National Health Service and recognized by the Ministry of Health in 1972. It is a highly specialized facility with 1194 beds, about 3000 healthcare personnel, 1000 researchers (both clinical and basic), and 1084 students in undergraduate courses in medicine, surgery, and psychology, plus 150 doctoral students and 743 medicine postgraduate students. The hospital has more than 60 clinical units, 4 research divisions, 4 research institutes, 4 research centres, and 8 clinical research centres. OSR currently has 465 active projects financed by national, European, and international subjects. Through the European Horizon 2020 Programme, OSR received funding for 95 projects. Among Italian IRCCSs, OSR received the most financing<sup>10</sup>, in recognition of its scientific activities in research, care, and collaboration with other national and international entities.

In 2012, Ospedale San Raffaele Hospital became part of Gruppo San Donato (GSD), the largest private hospital group in Italy. Founded in 1957, Gruppo San Donato has revolutionized the world of healthcare by placing patients at the centre of its structure. With its 56 facilities, it is the leading private hospital group in Italy today, a symbol of healthcare excellence in both clinical activity and scientific research<sup>11</sup>.

The mission of Ospedale San Raffaele is to develop new or improved strategies to prevent, diagnose, and treat human diseases. This is achieved thanks to a virtuous cycle linking biomedical research with clinical practice and training for hospital staff and students at the Università Vita Salute (UniSR) and other Italian universities.

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<sup>9</sup> Plan for the Application and Spread of Gender Medicine (implementing Article 3, clause 1, Law 2018), Version 6 May 2019 <https://www.salute.gov.it/portale/donna/dettaglioPubblicazioniDonna.jsp?lingua=italiano&id=2860>

<sup>10</sup> <https://www.salute.gov.it/portale/ricercaSanitaria/dettaglioContenutiRicercaSanitaria.jsp?lingua=italiano&id=5519&area=Ricerca%20sanitaria&menu=corrente&tab=1>

<sup>11</sup> Further information can be found at: <https://www.grupposandonato.it/chi-siamo>

OSR is a large and complex but functionally well-integrated entity. It is therefore able to develop a GEP that introduces cultural, organizational, and scientific changes involving individuals with different skills, training, experience, and levels of awareness. OSR recognizes this as an important opportunity to fully recognize its talented personnel and the support for clinical and scientific excellence.

## 1.2

### THE GEDI TEAM AND THE GEP

The commitment of Ospedale San Raffaele to implementing the GEP began in 2018 with the definition of an Institutional Representative for Gender Medicine and participation on two strategic panels. The first was established by the Ministry of Health with Italian IRCCSs to draft the National Plan for Gender Medicine. The second was organized by the Lombardy Region Regional Foundation for Biomedical Research with some Lombardy-based research entities to discuss the development of gender policies and medicine in the region.

In 2019, an ad hoc working group — the GEDI Team (GEndEr, Diversity and Inclusion in medicine, research and governance) — was established to promote organizational change with a view to greater inclusion.

By also applying the methods of the Gender Equality in Academia and Research (GEAR) tool<sup>12</sup> to healthcare, the first structured comparisons within the organization began in 2019 and 2020, enabling quicker data recovery in 2021.

Although this document primarily sets objectives related to eliminating gender discrimination, the GEDI Team intends to keep its intention of promoting greater inclusion for all disadvantaged groups.

The development of this Gender Equality Plan, which was launched in October 2021, has therefore benefited from this long preparatory process. The GEDI Team is composed of representatives from the Science Department, Research Department, Healthcare Department, Human Resources, and the Training Office. As indicated by European guidelines in 'Horizon Europe Guidance on Gender Equality Plans' and the methodology of the GEAR tool, the GEDI Team has a place on the organizational chart and reports directly to the Managing Director.

The presence of an established working group facilitated the procedures for developing the GEP in synergy and collaboration with the existing Departments and bodies. The following groups made a particular contribution:

GEDI Team: Cinthia Farina (Coordinator, Institutional Representative for Gender Medicine), Roberto Buccione, Pierpaolo Da Dalto, Margherita Gambaro, Roberta Vasques.

For the Science Department: Gianvito Martino (Director), Cinthia Farina, together with Paola Larghi (Science Secretary), Anna Mondino (Commission for Appointment and Promotion), Sofia Erica Rossi (Outreach and Science Communication Office), Laura Tei (Library).

For the Research Department: Flavia d'Amelio Einaudi (Director), Roberto Buccione (Research Integrity Office), Vanda Parezanovic (Quality Office), Cristina Tresoldi (Biological Resources Centre).

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<sup>12</sup> The Gender Equality in Academia and Research (GEAR) tool, published in October 2016 by the European Institute for Gender Equality (EIGE) and available in the 23 languages of the European Union, aims to provide universities and research organizations with practical tools for reaching different gender-equality goals at all stages of organizational change, from the creation of a Gender Equality Plan to assessment of its actual impact. Further information can be found at: <https://eige.europa.eu/publications/gender-equality-academia-and-research-gear-tool>

For the Research Business Development Office: Daniela Bellomo (Manager), together with Simona Locatelli and Rossana Roncarolo (Technology Transfer Office).

For the Healthcare Department: Roberts Mazzucconi (OSR Director), Salvatore Mazzitelli (San Raffaele Turro – SRT Director), Roberta Vasques, together with Ester Faverzani (Secretary), Pietro Barbieri (Outcomes and Clinical Paths), Paola Garancini and Stefania Biondo (Quality and Accreditation), Maria Fazio (Pharmacy), Matteo Moro (Healthcare Hygiene), Anna Odone (HTA, Health Technology Assessment).

For Human Resources: Pierpaolo Da Dalto (Director), together with Roberta Bullaro, Cinzia Vanetti, and Margherita Gambaro (Training Office Manager) with Sara Pirola.

For Information Systems: Claudio Celli and Mauro Motta.

In addition, some data were collected with the support of other offices and entities: Federica Prete and Elena Maffia at the EU Research Strategy and Policy Office, Cristina Cerutti and Valentina Delfino at the Doctorate Office, Manuela Bettera at the Post-Graduate Centre, Luca Pollastri with UniSr Human Resources, Chloé Larsay and Carolina Cappello at the Gruppo San Donato Communication Centre, and Linda Isella at Achelois.

The process to define the GEP was supported by training interventions and consultation by Barbara De Micheli and Roberta Paoletti at Fondazione Giacomo Brodolini srl SB (FGB).

## 1.3 METHODS

The OSR GEP is inspired by the methodology and tools developed within numerous recent experiences at scientific research organizations in Europe and Italy.

In particular, sources of inspiration include the Gender Equality in Academia and Research (GEAR) toolkit from the European Institute for Gender Equality (EIGE) and the approach developed in the European TARGET project<sup>13</sup>, in which the Fondazione Giacomo Brodolini is a partner.

In both cases, the GEP targets were identified after a preliminary gender audit in which disaggregated gender data were collected and analysed to identify areas where the gender gap is most evident, the causes of the gap, and the most urgent intervention measures. The method developed in the TARGET project also underlines the importance of a participatory approach that actively involves the various internal representatives, starting with data analysis and the identification of actions to take. This involvement — which to define the OSR GEP took the form of 16 weekly GEDI meetings for several months during development of the plan — allowed the process to raise awareness and change to begin right with definition of the GEP.

Finally, the reference methodologies show the importance of not only identifying a Gender Agent or Gender Diversity and Inclusion (GEDI) Agent, but also forming a representative group of OSR management levels to support the GEP from its inception, contributing to focusing on the objectives and subsequently implementing the planned actions.

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<sup>13</sup> TARGET is a project financed by Horizon 2020 that works to advance gender equality in research and innovation by supporting a reflexive gender equality policy in seven Gender Equality Innovating Institutions in the Mediterranean basin — including research performing organizations, research funding organizations, and a network of universities. Further information on the project is available at: <http://www.gendertarget.eu/>

The background consists of several overlapping, organic, wavy shapes in various shades of blue, ranging from light sky blue to a deep cerulean. The shapes are layered, creating a sense of depth and movement. The overall composition is clean and modern.

**2.**

**GENDER EQUALITY  
AT SAN RAFFAELE:  
THE CURRENT SITUATION**

Work to develop the Gender Equality Plan 2022–2024 of Ospedale San Raffaele began with a survey of the organization with regard to gender, considering the complexity of an institute that conducts clinical activities and both translational and basic research.

A summary of the types of data collected is shown in Table 1, with the related time references. All data are disaggregated by gender.

**Table 1** types of data collected and period of reference

DATA COLLECTED	YEAR
<b><i>OSR Personnel</i></b>	
Total and in different career positions	2021
Personnel assessed by the “Commission for Appointment and Promotion”	2011-2021
Committees	2021
Salary treatment	2021
Teaching loads requested by sponsors	2021
Part-time	2021
Remote work (RW)	2021
Law 104	2021
Parental leave	2021
<b><i>Gender medicine</i></b>	
Publications relating to “gender medicine”	2021
Diagnostic-therapeutic paths for gender medicine	2021
<b><i>Research products</i></b>	
Autorship in scientific publications	2019-2020
Partecipations in research funding calls	2018-2020
New patent applications	2020-2021
“Confidentiality agreement” contracts	2020-2021
Licence contracts	2020-2021
Sponsorship/collaborations/partnership research contacts	2020-2021
Spin-offs	2021
<b><i>Courses/conferences</i></b>	
Scientific administrative members	2016-2021
Faculty members	2016-2021

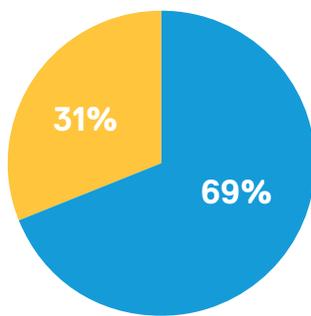
# 2.1

## GENDER DISTRIBUTION AMONG PERSONNEL

When taking a general look at the data, it is important to keep a premise in mind: OSR is an organization in the healthcare sector, which, as the current literature shows, exhibits significant ‘horizontal gender segregation’, employing more women than men<sup>14</sup>. This is due at least in part to the gender stereotype that women are ‘more suited’ to care-related jobs, that is, informal domestic work performed for dependent people such as children, elderly people, and disabled people, which finds correspondence in the labour market in relation to education and training, healthcare, and hygiene.

According to a recent study published by the European Institute for Gender Equality entitled Gender inequalities in care and consequences for the labour market, out of a total population of about 5 million healthcare assistants and home-based personal care workers in the EU, 9 out of 10 are women<sup>15</sup>.

**Figure 1** Gender balance for OSR contract personnel.



● Men ● Women

In line with this feature of the sector, all personnel employed on a contract at Ospedale San Raffaele amount 4648, of which 1464 are men (31%) and 3184 are women (69%, Fig. 1)<sup>16</sup>.

The data regarding personnel employed at OSR were also considered based on portions of the population corresponding to different career levels in the three areas of the organization: research, administration, and healthcare. Most of the structured positions at OSR in the three areas show a gender balance, thus confirming the organization’s attention to gender equality developed over the years.

### 2.1.1 RESEARCH

The details of the positions of personnel in RESEARCH shown in Fig. 2 shows an initial position, doctoral students, which constitutes possible entry into the organization, with 56.7% being women, a percentage that reaches 70% for collaborators. The portion of both genders balances out again at the level of facility managers, which already falls among roles of responsibility within the organization. Substantial parity is maintained (with a slight prevalence of men at 53.5%) at the level of Group Leaders, i.e. the heads of OSR research laboratories, who answer directly to senior management on the hierarchical scale. The gap comes in upper management (Division, Institute, and Research Centre Directors), with 91.7% men and 8.3% women. It is worth noting that OSR has had a Commission for Appointment and Promotion (CAP) to evaluate research careers proposed by upper management for more than 10 years, and since its formation, similar numbers of men and women have been evaluated and selected for Group Leader positions. Of the Division, Institute, and Research Centre Directors active in 2021, 17% were assessed by the CAP prior to holding their position, while 83% were appointed as Group Leaders directly, in most cases before the CAP was established. Although the CAP is

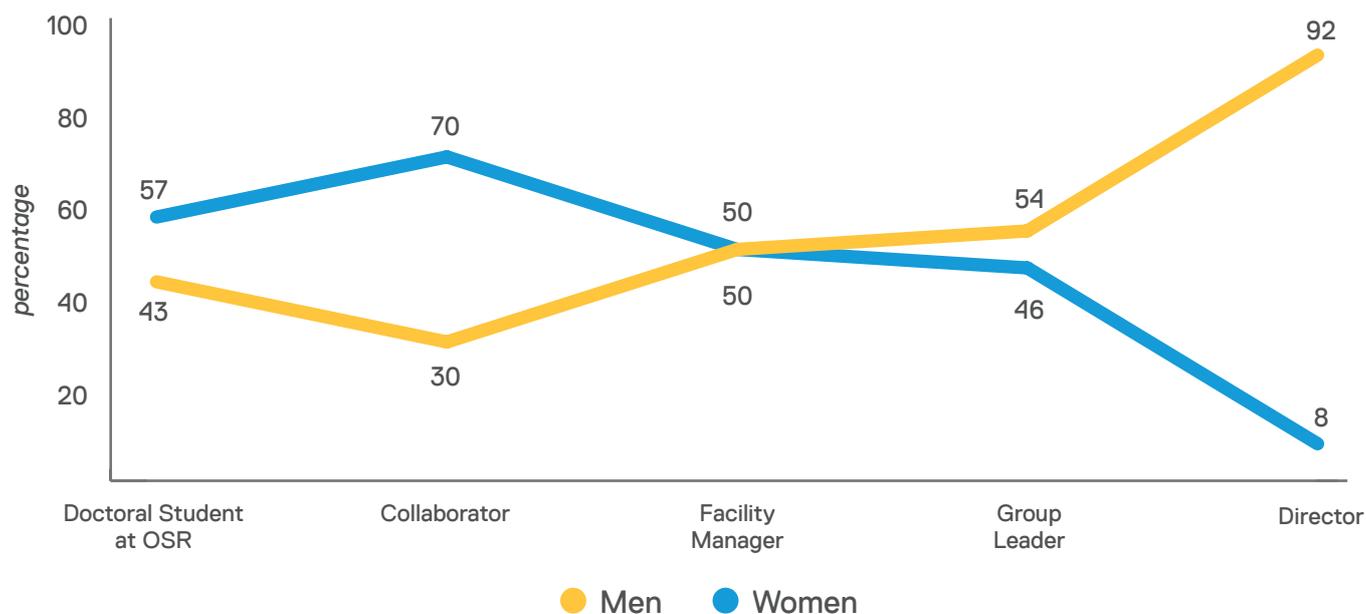
<sup>14</sup> Women represent 72.5% (European average) of those employed in the healthcare sector. EIGE (2020), Gender Equality Index 2020: Digitalisation and the future of work, p. 28. Available at: <https://eige.europa.eu/publications/gender-equality-index-2020-digitalisation-and-future-work>

<sup>15</sup> EIGE (2020), Gender inequalities in care and consequences for the labour market, p. 58. Available at: [Gender inequalities in care and consequences for the labour market | European Institute for Gender Equality \(europa.eu\)](https://eige.europa.eu/publications/gender-inequalities-in-care-and-consequences-for-the-labour-market)

<sup>16</sup> The data referred to are up to 2021 and include all types of positions and career levels.

only an advisory board and does not apply the assessment at all career levels, its presence introduces an element of collegiality that certainly contributes to the emergence of transparency, favouring the principle of merit over other principles, including gender stereotypes.

**Figure 2** Gender balance in Research



The distribution of personnel in Research recalls the well-known ‘scissors’ graph periodically reproduced in the She Figures study<sup>17</sup>, which highlights that although there is an increasing presence of women in science departments around Europe and a constant increase in their active participation in various levels of research, significant barriers to reaching top positions remain in the various organizations. In the European healthcare sector, there are 47 male managers and only 26 female managers per 1000 workers<sup>18</sup>.

Achieving a greater gender balance in higher positions therefore remains an organizational challenge that OSR shares with other European research organizations.

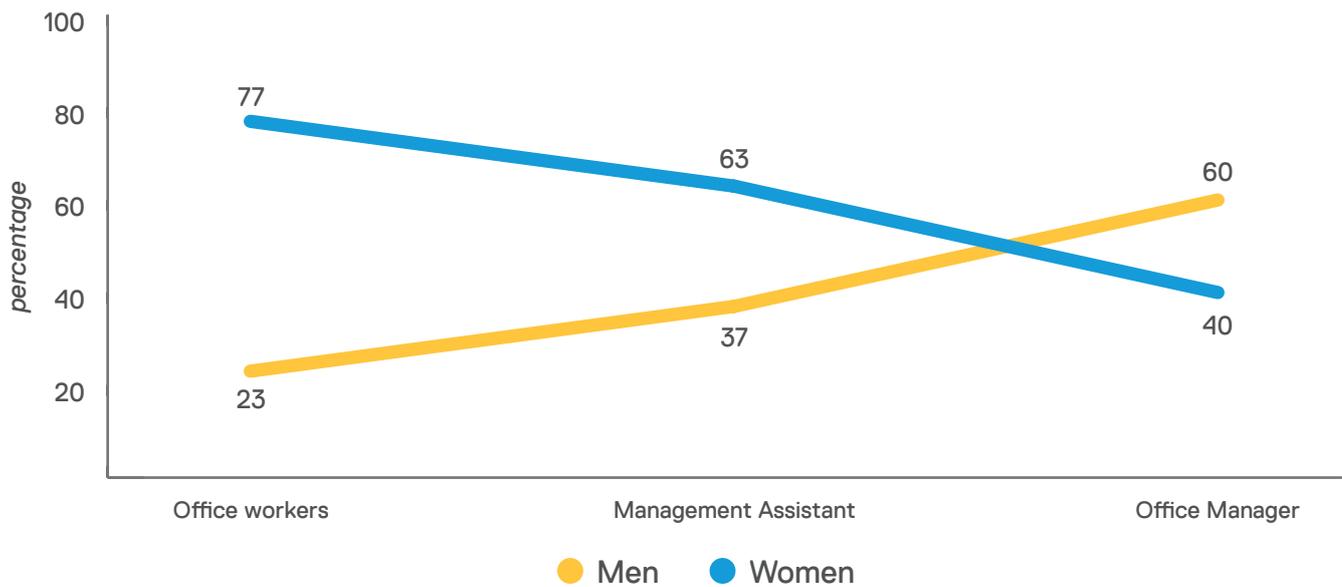
## 2.1.2 ADMINISTRATION

The ADMINISTRATION was also analysed starting with a breakdown of the career path of different positions (office workers, management assistants, and office managers). The results (Fig. 3) also show a similar ‘scissors’ graph, although the levels of misalignment are very different. The gender gap in upper management positions (office manager) is, in fact, not very marked, with 40% women, while there are more women than men in lower positions, with a clear majority of women (77%) in office worker positions, which decreases slightly among managerial staff.

<sup>17</sup> The most recent is She Figures 2021, Gender in research and innovation: statistics and indicators, available at: [https://ec.europa.eu/info/files/she-figures-2021\\_en](https://ec.europa.eu/info/files/she-figures-2021_en)

<sup>18</sup> EIGE calculation based on EU-LFS 2018 microdata

**Figure 3** Gender balance in Administration



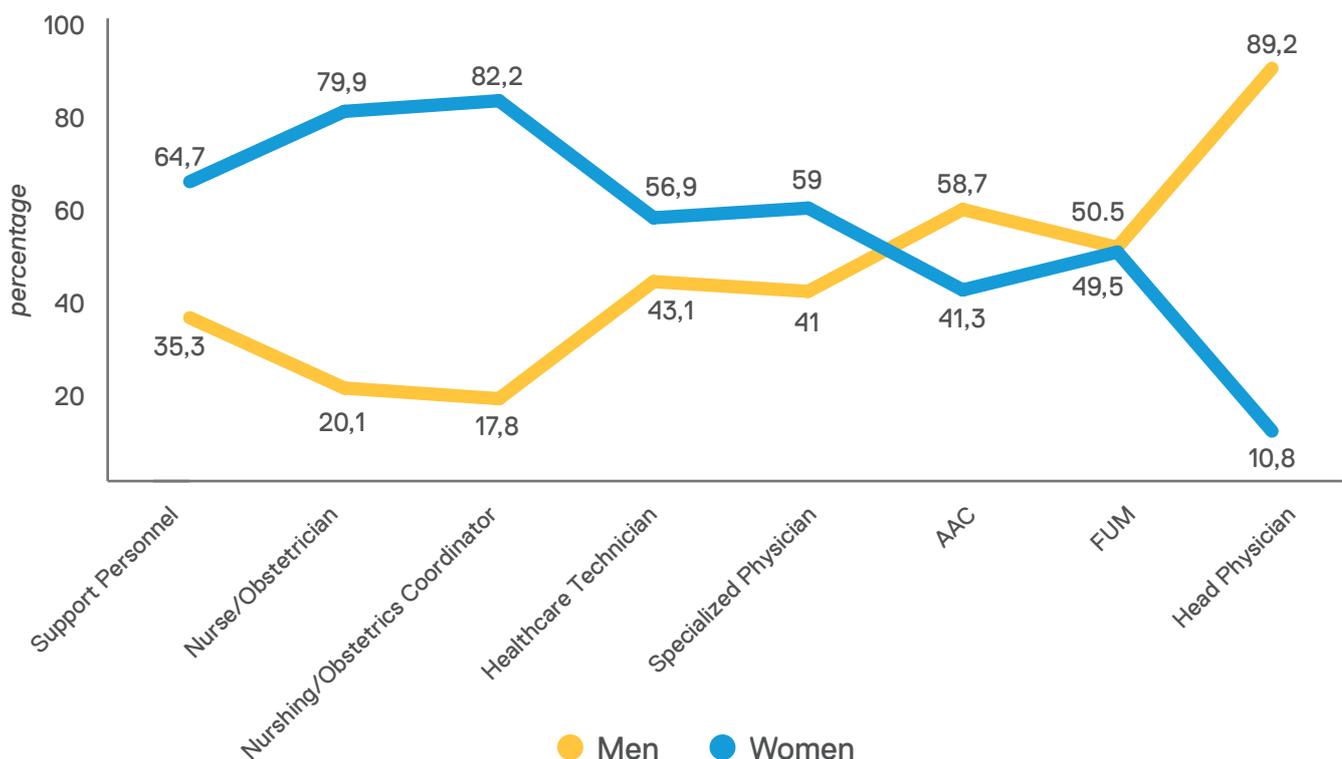
### 2.1.3 HEALTHCARE

HEALTHCARE (Fig. 4) shows the same trend as the other two areas, with a greater presence of women (64.7%) in supporting positions, reaching 79.9% in nursing and obstetrics and constituting 82.2% of nursing and obstetrics coordination positions.

For healthcare technicians and specialized physicians, area coordinators (AAC), and functional unit managers (FUM), women represent 56.9%, 59%, 41.3%, and 49.5%, respectively. The gap widens considerably in primary (upper management) positions, 89.2% of which are held by men compared to 10.8% held by women.

The resulting graph is more composite, fairly balanced in the centre and very unbalanced in upper positions.

**Figure 4** Gender balance in Healthcare

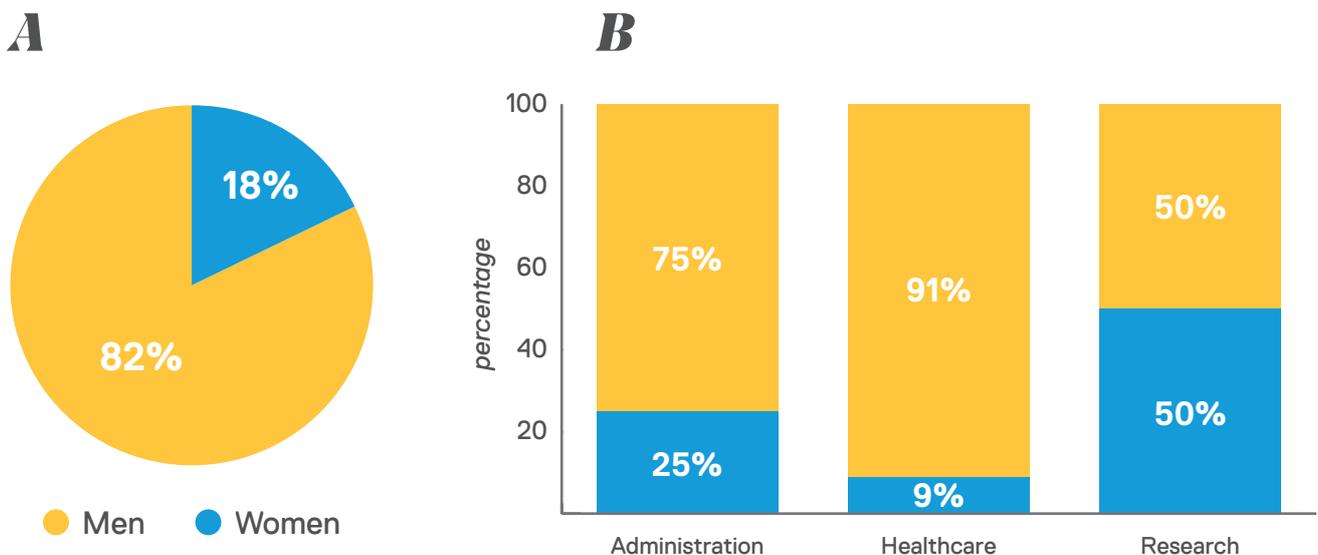


## 2.1.4 BOARD OF DIRECTORS AND TOP MANAGEMENT

Finally, the analysis concluded with the gender assessment of the Board of Directors and Top Management, i.e. positions in the company organization that answer directly to the Managing Director. The hospital Board of Directors consists of 5 people (including the President, Managing Director, and Vice President) who are all men.

An analysis of the details regarding Top Management (Fig. 5) shows that out of a total of 33 people, only 6 are women and 27 are men. The disaggregated analysis in the three areas shows an unbalanced situation in Administration and Health, compared to equality in Research.

**Figure 5** Gender balance in Top Management, total (A) and per area



## 2.1.5 COMMITTEES

Further analysis dealt with mapping the different committees in the three hospital areas (research, healthcare, and administration) and their related assignment procedures. It is important to recall that committees may be formalized differently, perform various functions within the organization, require very different time commitments, and represent an opportunity for prestige or — when very operational — aggravation of the individual's workload.

The investigation of committees in the Research area revealed 27 groups with a total of 146 members — 74 men and 71 women. Of these 27 committees, 10 are formal, with a total of 69 people — 40 men and 27 women (61% and 39%, respectively). No participation on committees is paid. The assignment criteria for 18 committees, including the 10 formal ones, involves appointment or assignment by the relevant department.

In the Administration, 9 committees were monitored (1 of which — the Scientific Committee on Training — cuts across the other areas), covering a total of 97 members — 54 men and 43 women. Healthcare, instead, has 10 committees, for a total of 91 members — 53 men and 38 women.

The data collected on the committees in the three areas were included in GEP monitoring and will be analysed periodically.

## 2.1.6 SALARY ANALYSIS

A further survey was conducted regarding the gross annual salaries (GAS) of staff in 2021<sup>19</sup>, with an analysis of the data disaggregated by gender. The survey covered 170 contractual levels at OSR. The large number of employees, the long period of time over which the staff were employed, and the various contracts meant that some tasks were covered by different contractual classifications.

The results show that there is no significant gender pay gap at most contractual levels. However, a cumulative analysis of the data related to upper management and contractual positions classified as managerial highlights a noteworthy gender pay gap.

According to the data collected, the average GAS for upper-management contracts is €98,521.71, while men with an OSR contract in upper management positions in the three areas receive an average GAS of €102,053.90, compared to €82,626.90 for women in equivalent positions. The result is that there is a gap of nearly 20 percentage points between the average GAS of women and men in similar upper management positions.

This gap occurs again at managerial levels. The average GAS for all managerial contract levels is €65,613.87. For women, the average GAS of these positions is €59,769.11, compared to €72,723.72 for male colleagues in similar positions. Here as well, there is a difference of nearly 20 percentage points between the average GAS received by women and men in similar management positions, to the advantage of men.

To complete the picture, an analysis was also made of data relating to assignments with pay beyond the monthly salary, i.e. teaching assignments provided by sponsors outside the organization. The investigation showed that 63% of assignments were awarded to men, compared to 37% involving women. The payments received for these assignments amounted to €1330 per assignment for men, compared to €663 per assignment for women (average values).

## 2.1.7 WELL-BEING AND WELFARE

The gender audit process also dealt with mapping the welfare measures proposed by the organization, with particular attention to measures beyond those provided for by Italian legislation on work-life balance and an analysis of the use of these measures from a gender perspective.

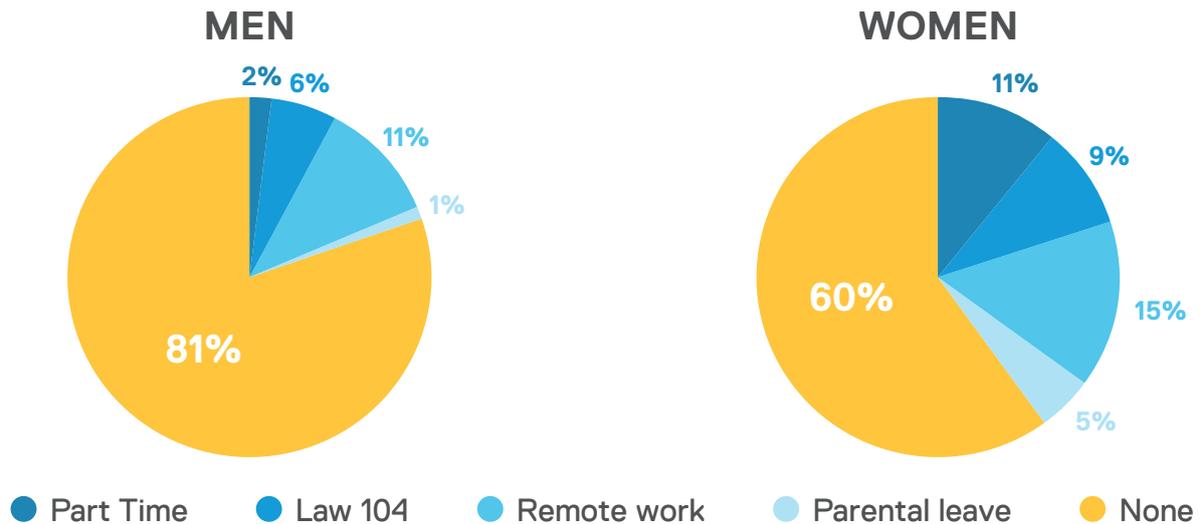
The initial data collection and analysis concerned the proportion of men and women who take advantage of welfare and work-life balance measures, which, at Ospedale San Raffaele, mainly consist of parental leave, remote work (RW), adherence to Law no. 104 of 5 February 1992 under the framework law for the assistance, social integration, and rights of disabled persons, and, finally, the part-time scheme.

The analysis of personnel using these welfare measures (Fig. 6), disaggregated by gender, shows 40% women compared to 19% men.

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<sup>19</sup> The data refer to November 2021.

**Figure 6** Use of welfare measures by women and men.



For employees in the sector, additional measures are added to those commonly guaranteed by the legal protections established in national legislation. In addition to integrating the mandatory maternity leave salary with the 20% not covered by the Italian National Social Security Institute (Istituto Nazionale della Previdenza Sociale – INPS), thus guaranteeing female employees 100% of their salary for the entire duration of their leave, Ospedale San Raffaele covers the first 30 days of absence due to parental leave (formerly optional maternity leave) for female workers or, alternatively, male workers. In addition, the hospital provides better treatment with respect to legal provisions that do not provide compensation for absences due to the illness of children under three years of age: both male and female parents are paid 50% of their salary for the first 30 days of related absence in the second and third years of the child’s life.

Additional support is provided for better work-life balance. This includes an individual time bank and other benefits such as agreements with commercial establishments and external services (RSA Korian, Liceo San Raffaele, parking and canteen for employees).

## 2.2 INTEGRATING THE GENDER PERSPECTIVE IN MEDICINE AND RESEARCH

Integration of the gender perspective in clinical protocols and research products is another extremely important aspect for Ospedale San Raffaele, in line with national and European documents that illustrate how the gender perspective contributes to the quality of research products. According to Horizon Europe principles, the three levels of enhancing gender equality are, as mentioned above, the development and implementation of a GEP, the improvement of gender balance in organizations (50% women and men on boards of directors, in expert groups, and on Horizon Europe evaluation committees, as well as gender balance in the membership of research teams), and the integration of the gender dimension in research content. The latter is considered a criterion of excellence, and its absence needs to be justified<sup>20</sup>.

<sup>20</sup> Press release, 15 March 2021, Horizon Europe’s first strategic plan 2021–2024: Commission sets research and innovation priorities for a sustainable future. Available at: [https://ec.europa.eu/commission/presscorner/detail/en/IP\\_21\\_1122](https://ec.europa.eu/commission/presscorner/detail/en/IP_21_1122)

On the other hand, integrating the gender perspective into clinical and research protocols is becoming an increasingly important priority. In 2018, OSR appointed Cinthia Farina as the institutional representative for gender medicine. Thanks to Farina's fruitful collaboration with the Ministry of Health, Ospedale San Raffaele actively contributed to drafting the National Plan for Gender Medicine issued in 2019 and the Ministry of Health monograph *Medicina di genere e Covid-19. Aggiornamento 2021*<sup>21</sup>. In addition, OSR actively participates in the work of the recently instituted National Gender Medicine Observatory<sup>22</sup>.

The Plan for the Application and Spread of Gender Medicine (implementing Article 3, clause 1 of Law 3/2018) 'aims to provide coordinated and sustainable direction for the spread of gender medicine through dissemination, training, and an indication of health practices in research, prevention, diagnosis, and treatment that consider gender differences (understood as differences that are biological — sex-based — or socioeconomic and cultural — gender-based) to ensure the quality and appropriateness of services provided by the National Health Service uniformly throughout the nation'<sup>23</sup>. The plan envisages four areas of intervention: (A) Clinical paths for prevention, diagnosis, treatment, and rehabilitation; (B) Research and innovation; (C) Training and continuing education; and (D) Communication and information. The implementation of the actions to promote, apply, and support gender medicine provided for in the plan is monitored by the Gender Medicine Observatory, which was established pursuant to Article 3, clause 5 of Law 3/2018. The Italian National Institute of Health (Istituto Superiore di Sanità – ISS) was identified as the owner of the Observatory and guarantor of the reliability and appropriateness of the data collected, with the involvement of other supervised bodies (IRCCS, AIFA, AGENAS, etc.). The Observatory was instituted by the ISS on 9 April 2021. Under its purview, it administers a data sheet for annual monitoring of activities in the four areas of intervention.

During the preliminary analysis phase at OSR, the integration of the gender perspective in both research products and clinical protocols was investigated specifically to capture the current situation in the structure and identify priority actions for the GEP.

With respect to integrating the gender perspective in research, it is important to quantify the percentage of publications that present gender-disaggregated data or refer to sex-related pathologies. This investigation is currently not implemented and will necessarily form an element of the GEP. A search for the keyword 'gender' in the title or abstract and a sampling in certain subject areas such as gynaecology, urology, and endocrinology yielded out of 3640 "ricerca corrente" publications in 2021. 96 papers with gender-disaggregated data, 116 referred to sex-related pathologies, and three referred to sexual, transgender, and asexual development disorders. It is likely, however, that this is an underestimate, and we expect a broader search to provide a series of information that will more accurately and systematically determine the integration of the gender perspective in published studies.

In the Healthcare area, Ospedale San Raffaele has a Quality System to systematize and archive clinical protocols using formats validated by the Healthcare Department. A preliminary investigation highlighted the need to verify whether and to what extent these documents (diagnostic-therapeutic paths, specific or general operating instructions) contain a gender dimension. Where absent, the general goal is to gradually initiate an integration process, if pertinent.

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<sup>21</sup> The monograph is available at: [https://www.salute.gov.it/imgs/C\\_17\\_pubblicazioni\\_3121\\_allegato.pdf](https://www.salute.gov.it/imgs/C_17_pubblicazioni_3121_allegato.pdf)

<sup>22</sup> <https://www.iss.it/osmg-l-osservatorio>

<sup>23</sup> Plan for the Application and Spread of Gender Medicine (implementing Article 3, clause 1, Law 2018), Version 6 May 2019, p. 3.

The hospital already holds awards of excellence relating to gender medicine paths:

- 1.** Three ‘Bollini Rosa’ – Women-friendly hospitals. Since 2007, Fondazione Onda (the national observatory on women’s health and gender-specific care) has awarded Bollini Rosa to Italian hospitals that offer services dedicated to the prevention, diagnosis, and treatment of major female illnesses, placing women at the centre of the treatment process. Ospedale San Raffaele and San Raffaele Turro regularly participate in the programme and, honoured with this recognition, have maintained their constant attention and commitment to addressing the problems most closely related to women and gender with the involvement of several hospital operating units.
- 2.** Bollino Azzurro for a professional, interdisciplinary approach in the diagnosis and treatment of prostate cancer. Since 2022, Fondazione Onda has awarded the Bollino Azzurro to facilities that favour a multidisciplinary approach in the treatment of prostate cancer through personalized, innovative treatments and collaboration between different specialists such as urologists, radiation therapists, medical oncologists, pathologists, radiologists, nuclear physicians, and psychologists. The OSR disease unit specifically dedicated to prostate cancer has been awarded as a centre capable of guaranteeing better patient care.
- 3.** UNICEF Accreditation – Baby-Friendly Hospitals. In 2019, Ospedale San Raffaele was awarded the Baby-Friendly Hospital certificate, having passed the third and final stage in a long journey that involved three different levels of external assessments by UNICEF-WHO. A hospital is declared to be ‘baby-friendly’ when it supports and promotes breastfeeding, implementing specific corporate policies and internal reorganization to guarantee mutual collaboration between different professionals. The promotion of breastfeeding has long been a public health priority resting on evidence-based medicine, to the extent that UNICEF explicitly states it as a right in Art. 24 of the UN Convention on the Rights of the Child<sup>24</sup>.

## 2.3

### VISIBILITY OF MEN AND WOMEN IN RESEARCH PRODUCTS

The audit stage also included an analysis of the visibility of men and women in research products, such as publications, patents, confidentiality agreements (CDAs), licence agreements, sponsored research contracts/alliances/partnerships and, finally, spin-offs.

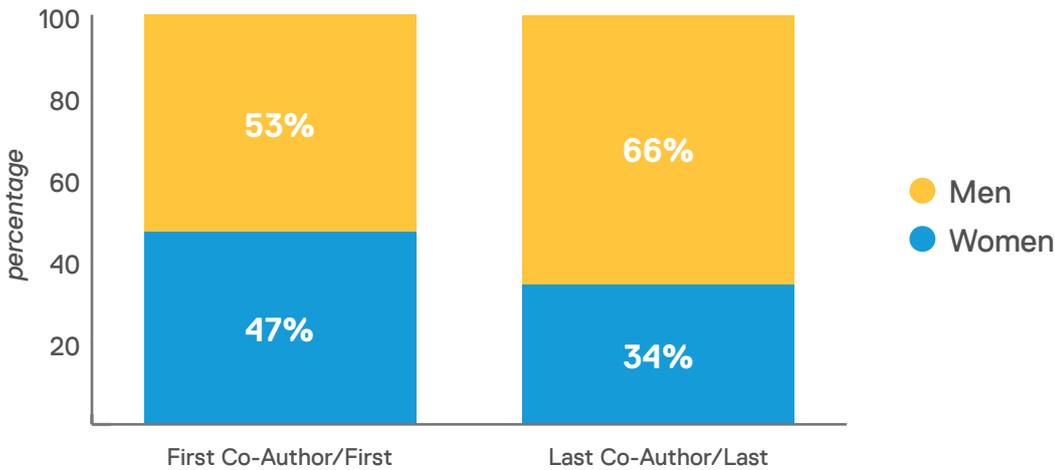
In scientific publications, the position of authors in the list indicates the type of contribution they made to the paper. As a rule, first authors, typically researchers in the early stages of their careers, are directly involved in the experimental design and data generation and collection, while last authors are responsible for the research group that designed and developed the project, typically acting as Group Leader.

In 2020, there was gender parity in the first author position, while 66% of authors in the last position were men (Fig. 7). This appears to be in line with the distribution of men and women in the various research positions in 2020 (Fig. 2). We believe that to increase the number of female first authors, it is necessary to support women in their career paths and their access to top positions.

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<sup>24</sup> UN (1989), UN Convention on the Rights of the Child.  
Available at: <https://www.unicef.it/convenzione-diritti-infanzia/>

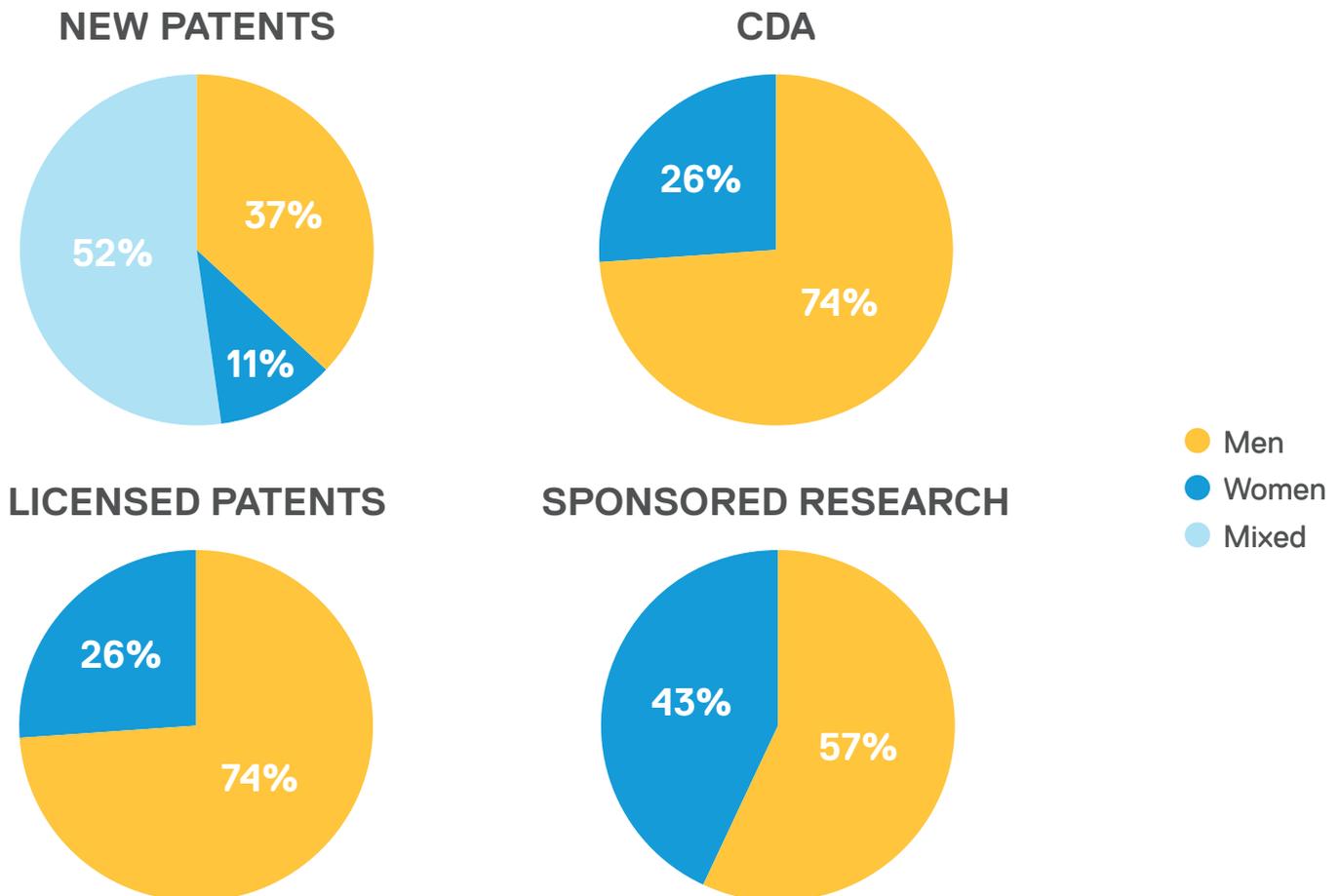
**Figure 7** Gender balance in scientific publications.



The ability to find funding to support specific projects is a key aspect of research. The data collected on the submission of projects to funding bodies show a slight prevalence of women (52%). However, it is interesting to note that the percentage of projects actually approved by funding agencies is 4% for men and 2.6% for women, suggesting the existence of gender bias in the project evaluation system.

Twenty-seven patent applications were submitted in the two year period 2020–2021, about half of which were filed only by men (51.8%), compared to 11.1% filed only by women, with the remainder filed by both (Fig. 8). The numbers are still low, but they show that women participated with their male colleagues in registering new inventions rather than presenting them alone.

**Figure 8** Gender balance in the technological transfer of research to products.



Confidentiality agreements (CDAs) are contracts covering the secure exchange of information with third parties. The informal development, uncontrolled disclosure of ideas and scientific data may lead to their spread and reduced appreciation. We can therefore consider the number of these contracts as an index of exposure to collaboration, and thus visibility, with entities outside OSR. The analysis of data for the 2020–2021 two-year period (263 units) showed that 74% of such contracts involved men, compared to 26% involving women (Fig. 8).

A similar result is found for patent licences in the same period of observation, although the numbers in this case are too low (13 units) to draw any conclusions.

With regard to research contracts sponsored by external bodies, alliances, and partnerships in the 2020–2021 two-year period, 57% of cases involved men (Fig. 8).

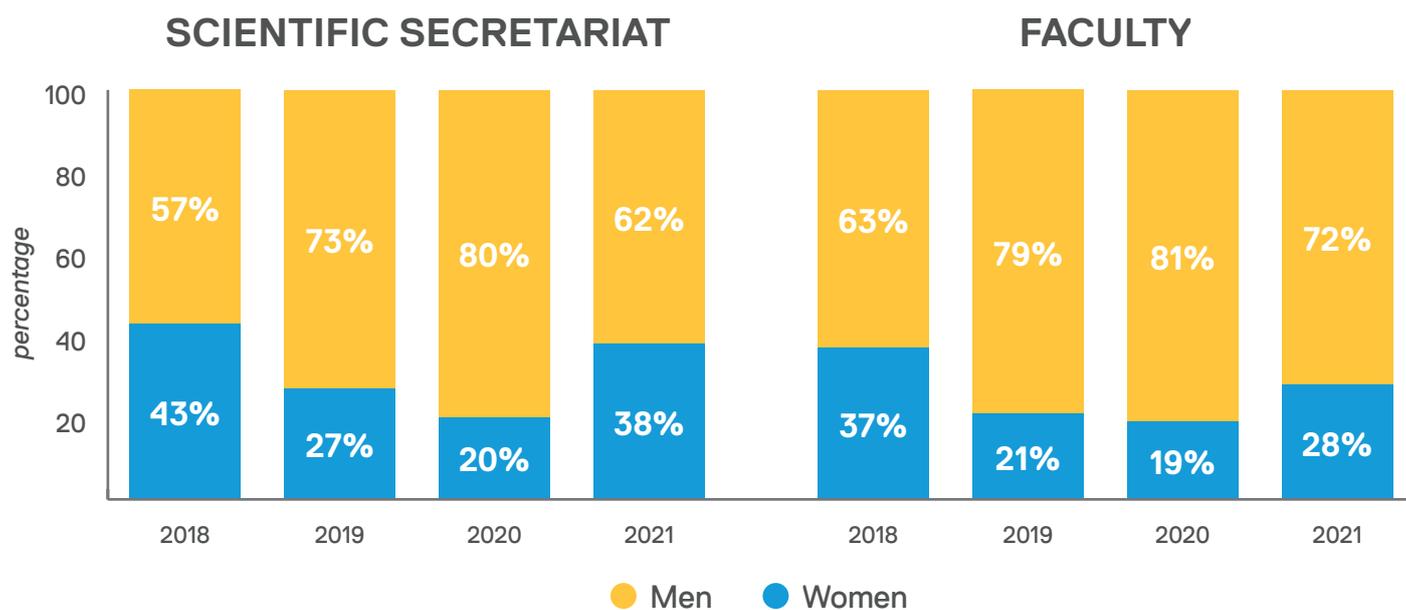
In 2021, all four spin-offs related to OSR were led by men.

## 2.4 GENDER EQUALITY AT OSR CONVENTIONS

The balance in the presence of men and women was also investigated regarding conventions organized by OSR. Research (Fig. 9) was conducted on 30 conventions held between 2016 and 2021, yielding details about the science secretaryship — the members responsible for scientific direction of the convention — and the faculty — the experts who contributed papers to the convention.

Among the conferences organized by OSR between 2018 and 2021, there is a strong male presence in the scientific secretariat, which fluctuates between 57% and 80% (average 68%), and an even higher percentage among faculty, where the average for men stands at 74%.

**Figure 9** Gender balance in the scientific secretariat and faculty for conventions organized by OSR.

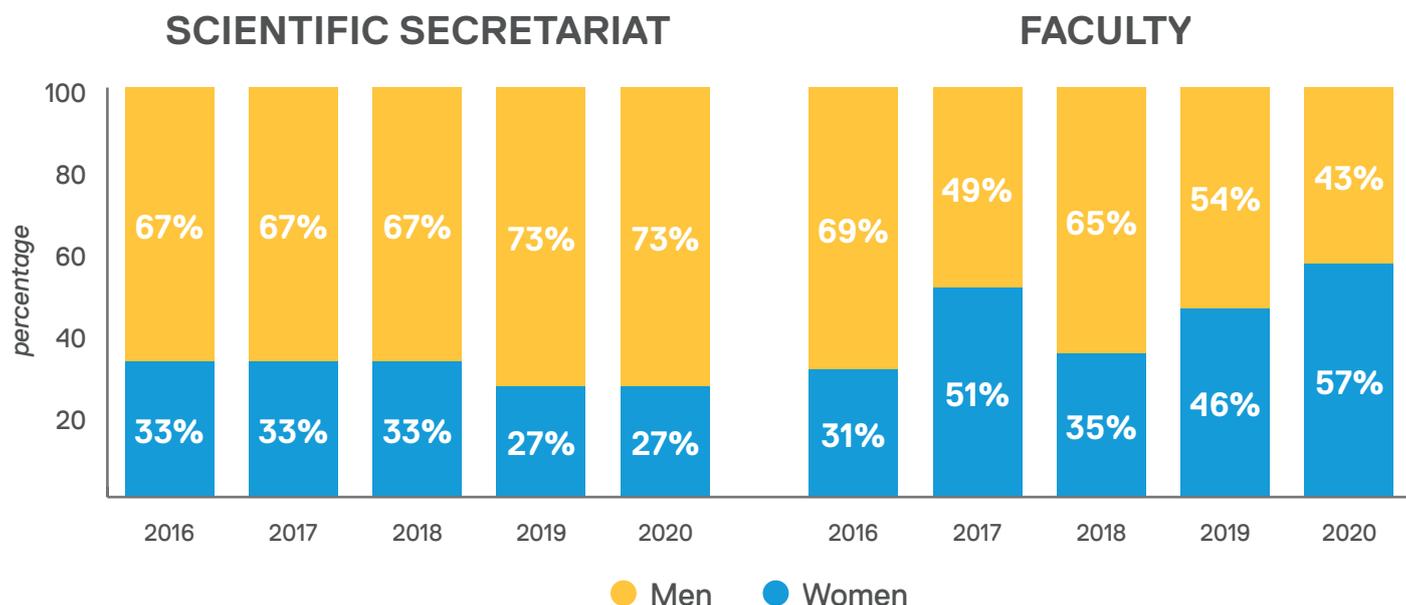


One of the most important conventions at San Raffaele is the Scientific Retreat, an annual event where basic researchers and clinicians meet to interact and gain new stimuli or ideas.

This is therefore a key event for OSR and specific analysis of the gender dimension at this annual event is therefore already useful and important in the audit stage.

The graphs in Fig. 10 show that in the 2016–2022 five-year period, the scientific secretariat featured a clear prevalence of males, with an average of about 70%. Faculty trends, on the other hand, oscillated much more, with substantial parity in some years.

**Figure 10** Gender balance in the scientific secretariat and OSR Retreat faculty.



The background consists of several overlapping, organic, wavy shapes in various shades of blue, ranging from light sky blue to a deep, vibrant blue. The shapes are layered, creating a sense of depth and movement. The overall composition is clean and modern.

**3.**

**THE OSR GENDER  
EQUALITY PLAN**

The gender audit led to the identification of a series of objectives for the GEP that were discussed and approved by the Scientific Department, Research Department, Health Department, Human Resources, and the Managing Director.

The six general objectives of the plan are:

## *General Objectives*

- 1.** Achieve a better balance in the presence of men and women at OSR
- 2.** Increase the awareness of gender equality and reinforce positive attitudes towards inclusion
- 3.** Promote the gender perspective in biomedical research and clinical practice
- 4.** Combat sexual harassment and violence against women
- 5.** Contribute to individual well-being through work-life balance measures
- 6.** Finalize a system to monitor implementation of the GEP and collect data

In the following, each of the objectives is divided into **actions, responsibilities, timeframes, and monitoring indicators**.

## ***3.1 General Objective 1:*** **ACHIEVING A BETTER BALANCE IN THE PRESENCE OF MEN AND WOMEN AT OSR**

The actions envisaged under this general objective are designed to contribute to a greater balance in the presence of men and women, especially in the upper positions of OSR governance, and are aimed at the entire staff of the structure since they are intended to contribute to real cultural change.

Promoting greater transparency in selection processes and career progression means improving the quality of research and enhancing the capacities and skills of each person, promoting a more inclusive working environment that is truly capable of recognizing abilities and merit.

General objective 1 consists of 6 specific objectives.

The first specific objective (1.1) is the establishment of the GEDI Agent. In line with the indications of the EIGE GEAR toolkit and the TARGET project inspiring the GEP OSR, the hospital will assign an internal personnel member to connect with and monitor the different areas and offices involved in implementing the GEP. This figure will serve a term of at least two years (the full duration of the GEP OSR) to implement and monitor the GEP. The GEDI Agent is also responsible for producing monitoring reports regarding implementation of the GEP.

Specific goal 1.2 aims to improve the gender balance of career paths in Research by developing and adopting a proposal that identifies criteria for a procedure to counteract the risk of gender bias in senior research positions. For this action, OSR will rely on external consultation to complete the missing skills at the hospital and assist in defining procedures and tools to promote gender balance.

Specific goal 1.3 aims to achieve a balance of men and women on committees. Mapping has already begun and in some cases was completed during the audit phase. For all three areas, the preliminary investigation led to identification of the reference committees and classification criteria, which were useful for determining the nature and role of the committees within the organization (scope, compensation, level of formality, assignment criteria, type (institutional, divisional, teaching), influence (institutional or divisional), and workload (high, medium, low)). Specific objective 1.3 is therefore divided into two actions. The first (1.3.1) aims to define and implement a policy to rebalance the presence of the underrepresented gender where necessary. The policy will monitor assignments and also

the distribution of workloads to ensure the sustainability of each assignment while avoiding overexposure and allowing for a better work-life balance. The second action, 1.3.2, instead aims to monitor progress towards a balance between men and women on committees. This monitoring will rely on the method already implemented when mapping the OSR committees; the method will be institutionalized. The data collected will be stored in a database and analysed annually.

Specific goal 1.4 aims to achieve a balance in the presence of men and women at conventions. The audit phase revealed several critical points regarding the presence of women in key roles (faculty and scientific secretariat) in the organization of conventions. With the support of external consultation, Action 1.4.1 envisages the development of a policy to define guidelines for convention organization within OSR by focusing on the gender dimension. A reward system will be determined and instituted to promote equal participation of men and women in OSR conventions. Institutionalizing data collection will be the second fundamental step of this specific objective (Action 1.4.2), enabling constant and timely monitoring of how the situation evolves.

Specific goal 1.5 aims to rebalance the presence of men and women in research products. It is complemented by three actions to achieve the goal. Starting with the inadequacy of tools for collecting gender-disaggregated data on research products, the scope of the first action (1.5.1) is to improve data entry and the collection of gender-disaggregated data on the participation of women and men in projects, publications, and patent applications. On the other hand, as also highlighted in the previous section of this GEP, data on the positions of lead authors in publications (last and co-last authors) follow the percentages of leadership positions.

Based on this preliminary analysis, it was deemed necessary to include a pilot mentorship programme in the GEP (Action 1.5.2). For this purpose, an internal call will be opened and publicized to recruit mentors (women in positions of responsibility within the organization) on a voluntary basis, followed by another internal call for selection. Through specific training developed with external consultants, the mentors will be able to acquire the necessary tools to support younger women on a path of personal and professional awareness reinforced by the mentors' skills and experience.

In addition, further mapping (1.5.3) of assignments involving external representation will be conducted by the OSR structure, as well as making the choice of representatives and workloads more transparent. In particular, it is believed that making workloads known has the virtuous effect of redistributing so-called institutional tasks among several people, thereby reducing the designated person's workload.

Specific goal 1.6 consists of collecting gender-disaggregated data on the different positions in the Healthcare area and the Administration to improve the gender balance along career paths. Also in this action, special attention will be placed on upper management positions where there is a significant gender gap.

The details of the economic estimates and individual interventions described above are provided below.

## ***General Objective 1:***

*Achieve a better balance in the presence of men and women at OSR*

**Total investment: €430,200.00**

<i>Specific objective 1.1</i>	<i>Institute the GEDI Agent</i>
<i>Action 1.1.1</i>	<p><i>Select and assign a person at least during implementation of the GEP.</i></p> <p>OSR will nominate a qualified internal staff member responsible for implementing and monitoring the GEP. The appointed figure will report to the GEDI Team coordinator, playing a strategic operational role in achieving the objectives. This person will represent the internal and external point of reference for gender equality and DEI (diversity, equity, and inclusion).</p>
<i>Responsibility</i>	Human Resources, GEDI Team
<i>Time</i>	<p>Formalization of the assignment: Within the first month following the start of the GEP; Implementation of the GEP: throughout the duration of the plan (2 years); Reporting: within the first 3 months, 9 months, 15 months following the start of the GEP (intermediate reports) plus the final report at 21 months.</p>
<i>Indicator</i>	<p>Assignment of the GEDI Agent with a two-year term dedicated to monitoring (constant throughout the GEP); Implementation of the goals and activities envisaged in the GEP; Reporting (a total of 4 reports, including a final report and 3 intermediate ones) on implementation of the OSR GEP.</p>

<i>Specific objective 1.2</i>	<i>Improving the gender balance in career paths in the Research area</i>
<i>Action 1.2.1</i>	<p><i>Development and adoption of a proposal identifying criteria for a procedure that eliminates the risk of gender bias and facilitates gender balance.</i></p> <p>OSR will raise the awareness of career path decision-makers so they work carefully to create a better gender balance by developing and adopting a proposal redundant identifying procedural criteria to overcome gender bias.</p>
<i>Responsibility</i>	Science Department, Research Department, Managing Director, GEDI Team Coordinator
<i>Time</i>	Within the first 12 months following the start of the GEP; implementation in the following 12 months.
<i>Indicator</i>	Increasing the presence of the underrepresented gender to reach a balance of at least 30–70%.

<b><i>Specific objective 1.3</i></b>	<b><i>Achieving a balance in the presence of men and women on committees</i></b>
<p data-bbox="204 645 419 689"><b><i>Action 1.3.1</i></b></p> <p data-bbox="180 786 443 831"><b><i>Responsibility</i></b></p> <p data-bbox="264 882 359 927"><b><i>Time</i></b></p> <p data-bbox="225 978 399 1023"><b><i>Indicator</i></b></p>	<p data-bbox="544 591 871 624"><i>Definition of the policy.</i></p> <p data-bbox="544 645 1481 748">OSR will define a policy governing gender representation on committees to correct any gender imbalances and promote fair representation.</p> <p data-bbox="544 792 1230 826">Research Integrity Office, Research Department</p> <p data-bbox="544 871 1481 938">Definition and adoption within the first 6 months following the start of the GEP.</p> <p data-bbox="544 983 1054 1016">Developing a policy: Implementation</p>
<p data-bbox="204 1113 419 1158"><b><i>Action 1.3.2</i></b></p> <p data-bbox="180 1270 443 1314"><b><i>Responsibility</i></b></p> <p data-bbox="264 1375 359 1420"><b><i>Time</i></b></p> <p data-bbox="225 1543 399 1588"><b><i>Indicator</i></b></p>	<p data-bbox="544 1059 767 1093"><i>Data collection.</i></p> <p data-bbox="544 1113 1481 1216">Following the mapping, constant, periodic data monitoring will be implemented through data collection and storage in a specific database.</p> <p data-bbox="544 1261 1262 1328">Training Office, Research Integrity Office, Research Department, and Healthcare Department</p> <p data-bbox="544 1373 1481 1440">Within 12 months of the GEP and within 21 months following the start of the GEP.</p> <p data-bbox="544 1473 1302 1659">Activation of the mechanism after defining the policy; Mapping and first update in month 12 of the GEP; Update and monitoring in months 12 and 21; Objective: 40% of the underrepresented gender among convention faculty.</p>

<i>Specific objective 1.4</i>	<i>Achieving a balance in the presence of men and women at conventions</i>
<p><i>Action 1.4.1</i></p> <p><i>Responsibility</i></p> <p><i>Time</i></p> <p><i>Indicator</i></p>	<p><i>Definition of the policy and reward system.</i></p> <p>Jointly with the Research Integrity Office, the Training Office will develop a policy to determine the percentage of men and women permissible at conventions, monitor events related to gender medicine, and regulate reward systems for conventions that manage to stay within the guidelines.</p> <p>Training Office and Research Integrity Office</p> <p>By month 6 following the start of the GEP, definition and full implementation of the policy</p> <p>Development of a policy that favours adequate representation of men and women among invited speakers, as well as possible fair compensation, and promotes the exposure of content related to gender medicine.</p>
<p><i>Action 1.4.2</i></p> <p><i>Responsibility</i></p> <p><i>Time</i></p> <p><i>Indicator</i></p>	<p><i>Data collection.</i></p> <p>The training office is committed to collecting and storing data on the presence of men and women and the content for gender medicine at OSR conventions.</p> <p>Training Office</p> <p>By month 12 of the GEP and by month 21 following the start of the GEP.</p> <p>Activation of the mechanism after defining the policy; Mapping and first update in month 12 of the GEP; Update and monitoring in months 12 and 21; Objective: 40% of the underrepresented gender among convention faculty.</p>

<b>Specific objective 1.5</b>	<b><i>Equalizing the gender balance in research products</i></b>
<p><b><i>Action 1.5.1</i></b></p> <p><b><i>Responsibility</i></b></p> <p><b><i>Time</i></b></p> <p><b><i>Indicator</i></b></p>	<p><i>Improving the entry and collection of gender-disaggregated data on participation in projects, publications, and patents.</i></p> <p>To promote the introduction of the gender perspective in all policies and strategies regarding research, OSR is committed to improving the collection and storage of gender-disaggregated data on participation in research projects, publications, and patents.</p> <p>Science Department, Research Department, Research Business Development</p> <p>By months 6, 12, and 21 following the start of the GEP.</p> <p>Activation of the mechanism by month 6 following the start of the GEP; Mapping and first update in month 12; Update and monitoring in month 21.</p>
<p><b><i>Action 1.5.2</i></b></p> <p><b><i>Responsibility</i></b></p> <p><b><i>Time</i></b></p> <p><b><i>Indicator</i></b></p>	<p><i>Institution of mentorship programmes to support women along their career paths.</i></p> <p>OSR will support the personal and professional growth of younger women through the creation of mentorship and personal empowerment programmes.</p> <p>Research Integrity Office, Research Department, Healthcare Department</p> <p>Start of the programme by month 9; Full implementation of the programme by month 21.</p> <p>Indication of mentor assignments; Training; Contact between mentor and mentee; Engagement of mentor and mentee.</p>
<p><b><i>Action 1.5.3</i></b></p> <p><b><i>Responsibility</i></b></p> <p><b><i>Time</i></b></p> <p><b><i>Indicator</i></b></p>	<p><i>Mapping the assignment of institutional representatives and collecting gender-disaggregated data, making the choice of representatives and workloads transparent.</i></p> <p>OSR will also map assignments and the related workloads in order to promote a transparent selection and appointment process for institutional representatives. Gender-disaggregated data will be collected and stored.</p> <p>Science Department</p> <p>Mapping by month 6 following the start of the GEP; Second mapping in month 18.</p> <p>Activation of the mechanism to map institutional representatives by month 6; Update in month 18 after approval of the workload policy.</p>

<b><i>Specific objective 1.6</i></b>	<b><i>Improving the gender balance in career paths in the Clinical area and Administration</i></b>
<b><i>Action 1.6.1</i></b>	<i>Data collection.</i> OSR is dedicated to collecting gender-disaggregated data on career paths in the Clinical area and the Administration and to share them with the GEDI Agent.
<b><i>Responsibility</i></b>	Healthcare Department and Human Resources
<b><i>Time</i></b>	Monitoring in months 12 and 21 of the GEP.
<b><i>Indicator</i></b>	Objective: Increasing the presence of the underrepresented gender to achieve a balance of at least 20%.

## ***3.2 General Objective 2:*** **INCREASING AWARENESS OF THE GENDER BALANCE AND REINFORCING POSITIVE ATTITUDES TOWARDS INCLUSION**

Actions envisaged under development this general objective aim to raise awareness and combat the gender stereotypes that hinder the appreciation of women in all professional positions, research products, and scientific advances related to the organization.

The interventions are designed to target the full staff of the structure, with specific measures for certain groups, and to contribute to cultural change that affects the well-being of all people at OSR.

A combination of training and communication products is designed to raise the awareness of OSR personnel about gender bias, which affects everyone, while providing practical tools to resolve situations affected by gender stereotypes, adopting an inclusive, gender-sensitive approach.

General objective 2 consists of 3 specific objectives.

Specific goal 2.1 is an initial step in raising the awareness of all OSR personnel. The action involves a distance learning course provided by external organizations that have been working for years on training to combat gender stereotypes. The objective of the video clip is to provide general and specific context on gender stereotypes, how they condition us and how we can be aware of them to ensure that they do not influence our choices and actions.

Providing easily accessible training designed for a wide audience and created specifically to make people think about the organizational complexity of OSR is a choice that reflects a desire to create the conditions for true cultural change with respect to these issues.

Specific goal 2.2 concerns communication actions to disseminate awareness of the GEP and its features among internal staff.

This specific objective consists of 4 short-, medium-, and long-term actions.

The first short-term action involves publication of the GEP on the hospital website and its dissemination to all OSR staff by means of an internal mailing list.

One medium-term action is to adopt and provide all OSR staff with guidelines for the use of inclusive language.

Promoting the use of inclusive language will be integrated with two additional awareness-raising actions that will cover the entire duration of the GEP. These include a communication strategy on specific awareness-raising days (International Women’s Day, 8 March; International Day for the Elimination of Violence against Women, 25 November; International Day of Women and Girls in Science, 11 February; etc.) and the creation of a bulletin dedicated to female excellence.

Finally, specific objective 2.3, falling under the responsibility of the Training Office, concerns the construction and delivery of an initial experimental, in-person training course on inclusive leadership. This last action is designed to recognize and question unconscious stereotypes that lead to a non-inclusive style of leadership and block a more fluid career transition for women in order to help rebalance the presence of women and men in higher roles.

## **General Objective 2:**

*Increasing the awareness of gender equality and reinforcing positive attitudes towards inclusion*

**Total investment: €179,750.00**

<i>Specific objective 2.1</i>	<i>Providing training and raising awareness for all OSR personnel</i>
<i>Action 2.1.1</i>	<p><i>Training pills on gender and stereotypes to be included in compulsory training.</i></p> <p>Training pills on gender equality, stereotypes, and unconscious gender bias will be developed and adapted for OSR and UniSR staff and administered in distance learning mode. The training aims to raise awareness about diversity and inclusion, improve the ability to communicate this knowledge, and prevent discriminatory behaviour.</p>
<i>Responsibility</i>	Training Office
<i>Time</i>	Starting 6 months following the start of the GEP and throughout its duration.
<i>Indicator</i>	Creation of the distance learning pill; Use of the training pill by the entire UniSR staff; Target 90% of the whole OSR population in 24 months, with assessment in months 12 and 21.

<b><i>Specific objective 2.2</i></b>	<b><i>Provide communication actions in support of the GEP</i></b>
<p><b><i>Action 2.2.1</i></b></p> <p><b><i>Responsibility</i></b></p> <p><b><i>Time</i></b></p> <p><b><i>Indicator</i></b></p>	<p><i>Publish the GEP.</i></p> <p>The Gender Equality Plan will be formally published on the OSR website once signed by upper management.</p> <p>Outreach and Science Communication Office, GSD Communication</p> <p>Upon approval of the GEP.</p> <p>Publication of the GEP on the OSR website. Target: viewing the page and displaying the related post on social media</p>
<p><b><i>Action 2.2.2</i></b></p> <p><b><i>Responsibility</i></b></p> <p><b><i>Time</i></b></p> <p><b><i>Indicatore</i></b></p>	<p><i>Inform employees of the existence of the GEP via email.</i></p> <p>The Gender Equality Plan that OSR is committed to implementing will be disseminated as much as possible to all staff via email.</p> <p>Outreach and Science Communication Office, GSD Communication</p> <p>Within 1 month following approval of the GEP.</p> <p>Sending an email to all OSR staff with information on the publication of the plan, its contents, and the personnel involved and responsible for implementing the GEP, with a link to the GEP itself.</p>
<p><b><i>Action 2.2.3</i></b></p> <p><b><i>Responsibility</i></b></p> <p><b><i>Time</i></b></p> <p><b><i>Indicator</i></b></p>	<p><i>Inform personnel about awareness-raising days.</i></p> <p>All awareness-raising events related to gender equality will be suitably announced and promoted.</p> <p>Outreach and Science Communication Office, GSD Communication</p> <p>On symbolic dates for the duration of the GEP.</p> <p>Developing and publishing posts, stories, and studies on the OSR website and social networks, calculating hits on the dedicated page of the website and reactions to posts on social networks.</p>

<b>Specific objective 2.2</b>	<b>Provide communication actions in support of the GEP</b>
<p><b>Action 2.2.4</b></p> <p><b>Responsibility</b></p> <p><b>Time</b></p> <p><b>Indicator</b></p>	<p><i>Spread of guidelines for inclusive language.</i></p> <p>OSR is committed to adopting and disseminating guidelines on inclusive language in both internal and external communications.</p> <p>Outreach and Science Communication Office, GSD Communication</p> <p>Guidelines within the first 12 months; monitoring and analysis in month 21.</p> <p>Development of the guidelines by month 12 and dissemination to all OSR staff via email with links; Adoption of guidelines, adoption of inclusive language for posts on social media.</p>
<p><b>Action 2.2.5</b></p> <p><b>Responsibility</b></p> <p><b>Time</b></p> <p><b>Indicator</b></p>	<p><i>Creation of a bulletin dedicated to female excellence.</i></p> <p>The Communication Office will publish a bulletin aimed at enhancing female excellence at OSR and UniSR, with the aim of providing positive role models.</p> <p>Outreach and Science Communication Office, GSD Communication</p> <p>Throughout the duration of the GEP, every time there is material to promote. At least every two months.</p> <p>Development of communication material for the bulletin and its dissemination on the OSR website and social networks. Objective: Giving greater visibility to female excellence; introduce at least 24 stories of excellence</p>

<b>Specific objective 2.3</b>	<b>Provide training on inclusive leadership</b>
<p><b>Action 2.3.1</b></p> <p><b>Responsibility</b></p> <p><b>Time</b></p> <p><b>Indicator</b></p>	<p><i>Provide an inclusive leadership path.</i></p> <p>An in-person training course will be provided to OSR upper management to provide methods and tools for daily work and team management through a model of inclusive leadership that improves relationships with colleagues and users.</p> <p>Training Office</p> <p>By month 21 following approval of the GEP.</p> <p>Development of the customized path; Identification of the training group; In-person training.</p>

## ***3.3 General Objective 3:***

### **PROMOTING THE GENDER PERSPECTIVE IN BIOMEDICAL RESEARCH AND CLINICAL PRACTICE**

The specific objectives and actions that comprise General Objective 3 aim to promote the gender perspective in biomedical research and clinical practice, with the aim of responding to an internal need shared on a national and European level to improve the quality of research products and clinical protocols by applying the gender perspective to knowledge and experimentation.

The preliminary investigation at the hospital revealed that there is room for improvement in institutionalizing data collection on the gender perspective within research products and the characteristics of patients in hospital, as well as formalizing clinical protocols that consider gender differences and are already in practice.

To formalize and institutionalize these processes and data collection, OSR has decided to invest about half of its budget for the entire Gender Equality Plan in a set of short-, medium-, and long-term actions.

General objective 3 consists of 4 specific objectives.

Specific goal 3.1 opens the process and aims to raise the internal awareness of OSR staff about the importance of medicine and the gender perspective in research through three actions.

The first action is to institutionalize an annual training event dedicated to gender medicine to facilitate the creation of a network of experts on gender and diversity medicine, as well as serving as a starting point for the creation of lines of research and procedures in the clinical environment.

Specific goal 3.1 also involves a second action, that is, the activation of periodic data collection that will meet annual regional requests set out in the Ministerial Plan for the Application and Spread of Gender Medicine (implementing Article 3, clause 1, Law 3/2018). Finally, the hospital is committed to implementing a biobank (action 3 of specific objective 3.1), a service unit for collecting and preserving human biological material used for diagnosis, biodiversity studies, and research.

The second specific objective, 3.2, aims to establish specific funds to finance projects related to gender medicine, including the stratification of gender-disaggregated data. Research projects that incorporate these features will benefit from a reward system. The GEP involves the allocation of a specific fund.

Specific goal 3.3 aims to increase awareness of the gender perspective in clinical protocols. To this end, an initial level of verification for clinical protocols that already contain a gender dimension has been envisaged, which can serve as inspiration and a prototype for the development of new ones. Where the mapping of protocols is highlighting shortcomings, a process of protocol revision from a gender perspective will be activated. A procedure for codifying protocols in the Quality System (PDT, IOG) will make them accessible and enforceable.

Throughout the GEP implementation period, an interdisciplinary gender medicine group (specific objective 3.4) will be instituted as a connection between representatives from the operational units and research divisions reporting to the Healthcare or Science Departments to develop clinical or research protocols for each area.

Finally, the activation of an intranet platform to store and consult research and clinical advances in gender medicine rounds out goal 3.4. The platform is designed as a virtual site for exchanging knowledge and actions in line with national guidelines.

## General Objective 3:

Promoting the gender perspective in biomedical research and clinical practice

**Total investment: €2,208,800.00**

<b>Specific objective 3.1</b>	<b><i>Raising awareness and teaching the importance of gender medicine and the gender perspective in research</i></b>
<p><b><i>Action 3.1.1</i></b></p> <p><b><i>Responsibility</i></b></p> <p><b><i>Time</i></b></p> <p><b><i>Indicator</i></b></p>	<p><i>Organization of 1 event/year on gender medicine.</i></p> <p>OSR is committed to organizing one event per year on the topic of gender medicine. In addition to raising the awareness of personnel regarding ministerial guidelines, these events will contribute to creating a gender medicine network and including gender and diversity variables in research.</p> <p>Science Department and Research Department</p> <p>1 event by month 12; 1 even by month 21.</p> <p>Creation of one event per year, two in total</p>
<p><b><i>Action 3.1.2</i></b></p> <p><b><i>Responsibility</i></b></p> <p><b><i>Time</i></b></p> <p><b><i>Indicator</i></b></p>	<p><i>Collection of data for the regional gender medicine questionnaire.</i></p> <p>Science Department, Healthcare Department, Research Department, Training Office, Outreach and Science Communication Office, GSD Communication.</p> <p>Mechanism initiated in month 6; Data collection by month 21 and in accordance with ministry requirements.</p> <p>Activation of the mechanism by month 6 following the start of the GEP; Collection and provision of data in line with Ministry requirements.</p>
<p><b><i>Action 3.1.3</i></b></p> <p><b><i>Responsibility</i></b></p> <p><b><i>Time</i></b></p> <p><b><i>Indicator</i></b></p>	<p><i>Gender medicine biobank.</i></p> <p>The human biological material bank will be implemented to support research on diagnosis, treatment, and biodiversity studies.</p> <p>Science Department and Research Department</p> <p>Monitoring in month 10 and month 21 following the start of the GEP.</p> <p>Collection of data for the biobank; Monitoring in months 10 and 21. Target: 100% of samples stratified by disease and gender starting in 2022.</p>

<b>Specific objective 3.2</b>	<b><i>Provide specific funds to finance gender medicine projects</i></b>
<b><i>Action 3.2.1</i></b>	Provide funds for research projects with data stratified according to gender.
<b><i>Responsibility</i></b>	Specific funds will be earmarked to finance research projects on gender medicine, including through tax donations.
<b><i>Time</i></b>	Science Department and Research Department
<b><i>Indicator</i></b>	Identification of funds and allocation criteria by month 12; First allocation of funds by month 18.
	Identification of funds and allocation criteria by month 12; First allocation of funds by month 18 Target: €100,000 to research projects with a focus on gender

<b>Specific objective 3.3</b>	<b><i>Increasing awareness of the importance of integrating the gender perspective in clinical protocols</i></b>
<b><i>Action 3.3.1</i></b>	Check whether and to what extent clinical protocols contain a gender dimension and, where absent but pertinent, initiate a process to review protocols with a focus on gender. Mapping existing protocols and codifying them in documents included in the Quality System (PDT, IOG ...).
<b><i>Responsibility</i></b>	After mapping and verifying the existing clinical protocols, they will be codified according to the Quality System and, where necessary, revised by inserting gender-focused provisions. Two new protocols will be prepared during the 24-month implementation of the plan.
<b><i>Time</i></b>	Healthcare Department
<b><i>Indicator</i></b>	By month 21 following the start of the GEP.
	Development of two new clinical protocols that integrate the gender perspective.

<i>Specific objective 3.4</i>	<i>Creating an interdisciplinary gender medicine group</i>
<p><i>Action 3.4.1</i></p> <p><i>Responsibility</i></p> <p><i>Time</i></p> <p><i>Indicator</i></p>	<p><i>Connection between representatives of the operational units under the Healthcare or Science Departments to develop actions for gender medicine.</i></p> <p>Representatives will be appointed for the clinical and research operational units to develop actions for gender medicine.</p> <p>Research Department, Healthcare Department, Science Department</p> <p>The group will be formed within the first 6 months following the start of the GEP; Monitoring in month 21</p> <p>Identification and appointment of the group of representatives within 6 months following the start of the GEP; Activities carried out by representatives throughout the duration of the GEP; Monitoring in month 21; Objective: Increase the number of clinical and research results with gender stratification; create gender medicine content and develop synergy to answer the ministerial questionnaire in a timely manner</p>
<p><i>Action 3.4.2</i></p> <p><i>Responsibility</i></p> <p><i>Time</i></p> <p><i>Indicator</i></p>	<p><i>Activation of an intranet platform to exchange knowledge and actions in line with national guidelines.</i></p> <p>The scope of this action is to promote the spread of knowledge and exchange of good practice; it will act as a connection between the OSR and national guidelines.</p> <p>Outreach and Science Communication Office, GSD Communication, Information Systems, Healthcare Department, Research Department, Science Department</p> <p>By month 6 following the start of the GEP.</p> <p>Development and activation of the intranet platform; Announcement of the platform and its operation via an email sent to all OSR staff</p>

## ***3.4 General Objective 4:*** **COMBATting SEXUAL HARASSMENT AND GENDER VIOLENCE**

Combatting sexual harassment and gender violence is general objective 4. Violence against women undermines women's fundamental rights such as dignity, access to justice, and gender equality. However, studies confirm<sup>25</sup> that such forms of power relationships are not immediately recognized because they are fully incorporated with a certain dominant culture. To this end, the OSR GEP contains tools to: expand awareness of what should be considered situations of sexual and gender-based harassment and violence; and make the organization as capable as possible of combatting such violence and harassment, not only through specific procedures, but also through cultural change in the organization.

Action to combat sexual harassment and gender-based violence at Ospedale San Raffaele aims to complete the range of interventions to fight the direct and indirect aspects that hinder women's access to the OSR structure and their career advancement.

To this end, General Objective 4 contains 5 specific objectives with a reliance on external consultation. The first of these (4.1) institutes a formal collaboration between OSR and a trusted advisor outside the organization who is informed about the construction of the entire policy procedure to combat harassment and violence against women. In the event of a complaint of violence and/or harassment, the person making the complaint will be supported by the advisor, who will be responsible for protecting her and supporting her mentally and with procedural guidance in all stages of the complaint process, through to its completion.

The construction of a shared policy with UniSR to combat violence and harassment (specific objective 4.2) is the second action under General Objective 4.

For this reason, an expert on the subject will be involved in constructing the policy common to both organizations but equipped with separate procedures. The aim is to develop an effective, streamlined system that provides the greatest possible protection for women (and possibly others) who choose to follow this path.

The preventive continuity of the entities responsible for acting in these situations and the definition of a shared procedure that is also specific to the two organizations constitutes a guarantee of the effectiveness of the path to combat harassment and violence.

Specific goal 4.3 involves an awareness-raising campaign on the issue of sexual and gender-based harassment and violence, which, together with the development of distance learning (specific objective 4.4) shared between the two organizations, aims to raise awareness among UniSR and OSR personnel on the issue of harassment and violence against women.

Objective 4 concludes with data collection on the phenomenon. With the intention of developing interventions that are as effective as possible, OSR has decided to develop and administer a survey to all internal staff (specific objective 4.5), in agreement with the organization's upper management. Development of the survey will rely on the advice of an external organization, collaboration with specialized organizations, and the experience of the GEDI team.

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<sup>25</sup> European Union Fundamental Rights Agency (2014), Violence against women: an EU-wide survey Results at a glance, Available at: <https://fra.europa.eu/it/publication/2020/violenza-contro-le-donne-unindagine-liquello-di-unione-europea-panoramica-dei>

## **General Objective 4:**

*Combatting sexual harassment and violence against women*

**Total investment: €294,000.00**

<i>Specific objective 4.1</i>	<i>Instituting the Trusted Advisor position</i>
<i>Action 4.1.1</i>	OSR is committed to establishing the position of Trusted Advisor and informing all personnel accordingly. This tool for combating harassment and/or gender-based violence aims to protect the person making the complaint and support her mentally and through procedures as she exits the situation of violence through the given protective measures.
<i>Responsibility</i>	Human Resources, GEDI Team
<i>Time</i>	Formalization of the role within the first 6 months following the start of the GEP; Implementation throughout the duration of the GEP.
<i>Indicator</i>	Definition of requirements and means of assignment; Formalization of the assignment.

<i>Specific objective 4.2</i>	<i>Defining a common policy against violence and harassment</i>
<i>Action 4.2.1</i>	<i>Definition of a policy of lawful and unlawful conduct.</i> Together with UniSR, OSR will define a detailed code of conduct on lawful and unlawful behaviour at its facilities, including both employees and users. The scope of the policy is to formalize a procedure for the organization to take charge of situations involving unlawful behaviour.
<i>Responsibility</i>	Human Resources, GEDI Team
<i>Time</i>	Within the first 9 months following the start of the GEP.
<i>Indicator</i>	Developing the policy and implementation.

<i>Specific objective 4.3</i>	<i>Developing an awareness-raising campaign and promotion</i>
<i>Action 4.3.1</i>	<i>Developing an awareness-raising campaign and promotion.</i>
	Events and initiatives aimed at preventing sexual harassment and combating gender-based violence will be organized. The campaign will provide information on legal, mental health, and medical counselling services for cases of discrimination and gender-based violence.
<i>Responsibility</i>	Outreach and Science Communication Office, GSD Communication, Science Department, Healthcare Department, Human Resources
<i>Time</i>	Within the first 12 months following the start of the GEP.
<i>Indicator</i>	Campaign planning; Involvement of stakeholders; Carrying out the campaign; Assessment of OSR staff participation

<i>Specific objective 4.4</i>	<i>Holding training on harassment via distance learning</i>
<i>Action 4.4.1</i>	<i>Promoting training on harassment via distance learning.</i>
	OSR will promote a distance learning course on sexual harassment, bullying, and micro-aggression in the workplace to create a safer and healthier environment for all.
<i>Responsibility</i>	Training Office
<i>Time</i>	Creation of the training pill within the first 12 months following the start of the GEP; Use within the first 21 months.
<i>Indicator</i>	Creation of the distance learning pill; Use of the training pill by at least 70% of the OSR population.

<i>Specific objective 4.5</i>	<i>Collecting data on the phenomenon</i>
<i>Action 4.5.1</i>	<p><i>Creation of a survey.</i></p> <p>The GEDI Team will be tasked with designing and administering an anonymous survey on sexual harassment and gender-based violence to OSR personnel. The survey will be developed with the support of an external expert to investigate forms of aggression and discrimination related to gender identity and sexual orientation.</p>
<i>Responsibility</i>	<p>GEDI Team, Human Resources, Science Department, Research Department, Healthcare Department, Information Systems</p>
<i>Time</i>	<p>Design within the first 12 months following the start of the GEP; Administration in the following two months and analysis of the results within the first 18 months</p>
<i>Indicator</i>	<p>Survey design; Administration of the survey; Analysis of the results</p>

## **3.5 General Objective 5: CONTRIBUTING TO INDIVIDUAL WELL-BEING THROUGH WORK-LIFE BALANCE MEASURES**

General objective 5 is similar to the previous one with respect to increasing the well-being of OSR personnel, but it focuses specifically on balancing private and professional life. The European Directive of 2019 — Directive (EU) 2019/1158 of the European Parliament and of the Council of 20 June 2019 on work-life balance for parents and carers and repealing Council Directive 2010/18/EU — set European standards which all Member States must comply with by August 2022.

In fact, the Italian 2022 Budget Law has already brought national standards in line with EU regulations, increasing compulsory paternity leave for employees to ten days and one day for optional leave.

During the audit phase that preceded preparation of the plan, the mapping showed that OSR already has some work-life balance measures in place for employees, as seen above.

To ensure maximum spread of the measures, the first two specific objectives out of the 6 under General Objective 5 aim to map the current measures at OSR in terms of work-life balance and services for OSR staff (5.1), and to disseminate information to all OSR personnel (5.2) to ensure maximum access to the benefits and rights available to each employee.

In addition, OSR considers it sustainable to implement new measures. These include the establishment of a time bank (specific objective 5.3) to activate a solidarity exchange for leave and holidays among OSR staff members.

General objective number 5 also involves the development of policies concerning workload, meeting times, and work organization (specific objective 5.4). In addition, specific objective 5.5 concerns the implementation of a survey on organizational well-being with a focus on gender and inclusion, which will enable the GEP to advance in an effective, focused way as it responds to specific needs emerging from the survey results. The last specific objective, 5.6, aims to define and implement measures in support of work-life balance, also in virtue of the increase in remote work due to the COVID-19 pandemic.

## General Objective 5:

Contribute to individual well-being through measures for work-life balance

Total investment: €173,800.00

<i>Specific objective 5.1</i>	<i>Collecting data on the situation of personnel</i>
<i>Action 5.1.1</i>	<i>Mapping perspective data.</i> Human Resources is responsible for mapping current policies and services regarding work-life balance. At the same time, data will be collected on the levels of these services and the way they are used.
<i>Responsibility</i>	Human Resources
<i>Time</i>	First mapping already complete; Update mapping within the first 10 and 20 months following the start of the GEP
<i>Indicator</i>	Mapping of active services; Analysis of usage data.

<i>Specific objective 5.2</i>	<i>Spreading information</i>
<i>Action 5.2.1</i>	<i>Publishing information on the possibilities.</i> Adequate, widespread communication will be implemented in order to inform all personnel about active possibilities or planned services concerning work-life balance.
<i>Responsibility</i>	Human Resources, Outreach and Science Communication Office, GSD Communication
<i>Time</i>	Informare sulle possibilità già esistenti entro i primi 6 mesi dall'avvio del GEP; Informare sulle possibilità che si attivano progressivamente entro i primi 12 e 18 mesi dall'avvio del GEP
<i>Indicator</i>	Spreading the possibilities among all staff

<i>Specific objective 5.3</i>	<i>Establishing a time bank</i>
<p data-bbox="204 555 427 600"><i>Action 5.3.1</i></p> <p data-bbox="185 730 446 779"><i>Responsibility</i></p> <p data-bbox="268 810 363 855"><i>Time</i></p> <p data-bbox="229 891 402 936"><i>Indicator</i></p>	<p data-bbox="555 456 935 492"><i>Establishing the time bank.</i></p> <p data-bbox="555 510 1487 698">OSR will institute a time bank for personnel to promote collaboration and solidarity. This action involves the implementation of a ‘solidarity transfer’ mechanism for time off according to the provisions of the applicable collective agreements, optimizing the impact on the organization.</p> <p data-bbox="555 734 810 770">Human Resources</p> <p data-bbox="555 815 1359 851">Within the first 18 months following the start of the GEP.</p> <p data-bbox="555 896 925 931">Establishing the time bank</p>

<i>Specific objective 5.4</i>	<i>Developing policies on meeting times and modes</i>
<p data-bbox="204 1283 427 1328"><i>Action 5.4.1</i></p> <p data-bbox="185 1473 446 1523"><i>Responsibility</i></p> <p data-bbox="268 1621 363 1666"><i>Time</i></p> <p data-bbox="229 1787 402 1832"><i>Indicator</i></p>	<p data-bbox="555 1189 1487 1256"><i>Definition of policies on workloads, meeting times, and work organization.</i></p> <p data-bbox="555 1279 1487 1426">OSR is committed to developing a specific policy on time and work organization with regard to both shifts and meetings, promoting the equitable distribution of workloads and favouring tools aimed at guaranteeing greater flexibility and accessibility.</p> <p data-bbox="555 1462 1487 1529">Human Resources, Healthcare Department, Science Department, Research Department, OSR Administration Staff Management</p> <p data-bbox="555 1574 1487 1722">Within the first 6 months following the start of the GEP: definition of the policy on workloads; Within the first 6 months: definition of the policy on meeting times; Within the first 13 months: definition of the policy on work organization.</p> <p data-bbox="555 1758 1142 1861">Finalizing the policy on workloads; Finalizing the policy on meeting times; Finalizing the policy on work organization.</p>

<b><i>Specific objective 5.5</i></b>	<b><i>Developing a survey on organizational well-being with a focus on gender and inclusion</i></b>
<p data-bbox="204 622 427 667"><b><i>Action 5.5.1</i></b></p> <p data-bbox="183 824 448 869"><b><i>Responsibility</i></b></p> <p data-bbox="268 902 363 947"><b><i>Time</i></b></p> <p data-bbox="228 992 403 1037"><b><i>Indicator</i></b></p>	<p data-bbox="552 510 1110 544"><i>Designing and administering the survey.</i></p> <p data-bbox="552 566 1487 790">Human Resources is committed to designing and administering a questionnaire to all employees on organizational well-being, with the help of an external expert and a focus on gender and inclusion. The scope of the questionnaire is to improve knowledge about work-life balance and highlight any critical issues in order to identify the most effective actions for improvement.</p> <p data-bbox="552 831 810 864">Human Resources</p> <p data-bbox="552 909 1358 943">Within the first 21 months following the start of the GEP.</p> <p data-bbox="552 987 1430 1055">Survey design by month 14; Survey administered by month 16; Analysis of the results by month 21.</p>

<b><i>Specific objective 5.6</i></b>	<b><i>Define and implement measures supporting work-life balance (Remote work)</i></b>
<p data-bbox="204 1402 427 1447"><b><i>Action 5.6.1</i></b></p> <p data-bbox="183 1597 448 1641"><b><i>Responsibility</i></b></p> <p data-bbox="268 1686 363 1731"><b><i>Time</i></b></p> <p data-bbox="228 1776 403 1821"><b><i>Indicator</i></b></p>	<p data-bbox="552 1305 1487 1373"><i>Definition and implementation of measures and conditions for flexible remote work.</i></p> <p data-bbox="552 1395 1487 1552">Among its measures to support work-life balance, OSR aims to improve the conditions for accessing and using remote work to favour flexible work consistent with care needs or cohabitation. A precise policy on this will be defined and instituted.</p> <p data-bbox="552 1585 1487 1653">Human Resources, Research Department, Healthcare Department, OSR Administration Staff Management</p> <p data-bbox="552 1697 1345 1731">Within the first 6 months following the start of the GEP.</p> <p data-bbox="552 1776 1230 1809">Definition of measures to implement by month 6</p>

## ***3.6 General Objective 6:*** **FINALIZE A SYSTEM TO MONITOR IMPLEMENTATION OF THE GEP AND COLLECT DATA**

Objective number 6 consists of 2 specific objects with the purpose of highlighting the role of the GEDI Team in constructing and implementing the hospital plan.

In this respect, an initial significant step in implementing this objective has already been taken with the identification of the GEDI Team members, who have the capacity to supervise all areas of the organization. External consultation was arranged with Fondazione Giacomo Brodolini Srl SB, which has advised, designed, implemented, and evaluated gender equality policies for local, national, and international public and private organizations for over 20 years. Strengthened through previous joint gender equality projects, the two entities — the GEDI Team and the FGB Team — worked closely for 6 months to construct the GEP, selecting and collecting data and analysing the context based on this information. They also identified subsequent developments to implement data collection: reviewing OSR practices, developing data collection methods, identifying data collection managers in the different areas of the organization, identifying a central interchange to amass all the information, and building databases to institutionalize data collection in the different areas of the organization.

The GEDI Team identified the objectives of the Gender Equality Plan and constructed a temporary, qualitative plan that was credible, efficient, robust, and equipped with a set of indicators to monitor its implementation (specific objective 6.1).

Indeed, the scope of specific objective 6.2 is to implement constant monitoring punctuated by specific milestones defined for each objective, bringing the Ospedale San Raffaele Gender Equality Plan into the realm of circularity.

The person responsible for periodic monitoring of the plan and reporting on its current implementation status is the GEDI Agent (specific objective 1.1 of the GEP). The scope of the cyclic nature of the OSR GEP is to periodically review the progress and results of the actions to define further adjustments and advances in the design of the current and later GEPs, both while they are in progress and after implementation. To this end, three intermediate periodic reports and a final report with specific indications for a possible redesign of the GEP will be produced.

***General Objective 6:***  
*Definition of the GEP and monitoring its implementation*

**Total investment: €869,440.00**

<i>Specific objective 6.1</i>	<i>Definition of the GEP</i>
<i>Action 6.1.1</i>	After the initial data collection and review of practices to identify and define the gender inequalities present at OSR and their possible causes, the GEDI Team, together with external consultation from FGB, defined the objectives, actions to implement, measurement indicators, and timeframe for implementation of the GEP.
<i>Responsibility</i>	GEDI Team, Human Resources, Science Department, Healthcare Department, Outreach and Science Communication Office
<i>Time</i>	Identification of the GEDI Team complete; Design of the GEP in progress
<i>Indicator</i>	Identification and establishment of the GEDI Team; Design, approval, and publication of the GEP

<i>Specific objective 6.2</i>	<i>Monitoring progress and verifying the GEP</i>
<i>Action 6.2.1</i>	Monitoring and evaluating the implementation of the plan and its impacts will occur regularly. The periodic review of results will provide an opportunity for learning and therefore incremental adjustment and improvement.
<i>Responsibility</i>	GEDI Team
<i>Time</i>	Monitoring the objectives within the first 3 months following the start and throughout the duration of the GEP; publication of intermediate reports (in months 3, 9, and 15) and the final report (in month 21)
<i>Indicator</i>	Completion of the objectives and actions in the GEP; Publication of 3 intermediate reports (months 3, 9, 15) and 1 final report (month 21) on the monitoring of GEP implementation; Assessment of the data available in month 21 to possibly redesign the GEP.



# **4.**

## **OVERALL VALUE OF THE OSR GEP**

The total value of the Ospedale San Raffaele Gender Equality Plan is €4,155,990.

The total investment was defined by assessing the use of internal personnel who are in charge of and responsible for carrying out activities in the plan that fall within their job description and/or under their supervision. Another part goes to external consultants with expertise in different fields related to gender equality. Finally, a further share goes to implementing internal tools for data collection and the construction of practices, policies, and services for organizational well-being and work-life balance.

Based on the in-depth organizational analysis, the investment in the Gender Equality Plan is considered adequate for the effective implementation of all activities expected and described in the relevant sections.

The Gender Equality Plan was also approved by the Science Department, Research Department, Healthcare Department, Human Resources, and CEO of Ospedale San Raffaele.

## ***Gender Equality Plan***

**Total investment: €4,155,990.00**

# *List of Acronyms*

## **AGENAS**

Agenzia Nazionale  
per i Servizi Sanitari Regionali

## **AIFA**

Italian Medicines Agency

## **AAC**

Area Activity Coordinator

## **BOD**

Board of Directors

## **CAP**

Commission for  
Appointment and Promotion

## **EIGE**

European Institute  
for Gender Equality

## **GEAR**

Gender Equality  
in Academia and Research

## **GEDI**

Gender, Diversity and Inclusion  
in Medicine, Research  
and Governance

## **GEP**

Gender Equality Plan

## **IRCCS**

Scientific Institute for Research,  
Hospitalization, and Healthcare

## **ISS**

Italian National Institute of Health

## **OSR**

Ospedale San Raffaele

## **NRRP**

National Recovery  
and Resilience Plan

## **FUM**

Functional Unit Managers

## **SRT**

San Raffaele Turro

## **EU**

European Union

## **UniSR**

Università Vita-Salute  
San Raffaele





I.R.C.C.S. Ospedale  
San Raffaele

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Gruppo San Donato