**Summary**

“We are all in this together” was the rallying call of our political leaders. The CCS GEDI appreciates that in this disrupted time, there were numerous considerations for medical research leaders working to support and protect their workforce from the potential impacts of the COVID-19 pandemic. To ensure the pandemic response from the CCS was an inclusive as possible, the GEDI committee collaborated with WISPP and EMRA to survey CCS research, educational and professional staff in the 2-week period from May 15 to enable the analysis of the major risks and opportunities presented by the pandemic, and suggest a framework of key mitigation strategies. Additionally, a gendered lens was applied to identify if any groups experienced inequities more severely than others.

Female researchers were at risk during this time of being disproportionately restricted in their capacity to undertake paid work due to carer responsibilities and in Universities women represent a greater proportion of short-term and causal contracts, positions identified as being at risk to become unemployed or redeployed. In respect to the female researchers at the CCS, the COVID-19 pandemic could therefore negatively impact on their capacity to obtain funding for research projects and succeed in promotions both in the immediate term and with an accumulative effect over years as their track records were impacted. Beyond the immediate negative impacts, it is possible that the situation could bring some residual positive outcomes on social norms that could contribute to greater equality. Throughout the crisis, the medical research sector has widely adopted flexible work arrangements. Through this experience we now know that this model of working, which allows for greater balancing of work and care responsibilities, is possible.

**Responders:** 145 ♂ 46 ♀ 79  ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ ⎟ {

**Negative outcomes:**
- Experimental research significantly delayed
- Reduced networking and professional interactions with colleagues
- Increased work pressures due to remote learning for those with carer’s responsibilities

“Homeschooling while working fulltime is ridiculous”

**Positive outcomes:**
- Zoom meetings promote connectivity and inclusion
- Flexibility of working from home

“Less commute time – more efficient with working hours”

“Working from home has cut my commute time and increased my mental wellbeing”

**GEDI recommendations to mitigate the impact of COVID on the CCS**
- Design and implementation (Sep 2020) of the [GEDI Affirmative Action Checklist](#) to ensure ongoing potential for zoom access at all CCS events
- Design and implementation (Feb 2021) of the [GEDI Award Seminar Series](#) to help researchers promote and disseminate their work and promote networking opportunities
- Present the Executive with data indicating the benefits of the ongoing capacity to facilitate flexible work arrangements to benefit productivity of work

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This survey was developed by WISPP and the Equity in Medical Research Alliance (EMRA) in consultation with members of the CCS Gender Equity Diversity and Inclusion committee.