2025-2027

Gender Equality Plan

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

Gruppo San Donato

Since 2022, IRCCS Ospedale San Raffaele (OSR) has had a Gender Equality Plan (GEP), a strategic document designed to promote equal opportunities and the inclusion of everyone working within the organisation. The GEP reflects the values and mission of our institution, which places the individual at the centre and regards Gender Medicine as an essential instrument of scientific excellence. With this new three-year edition for 2025-2027, the Hospital continues its efforts to foster the full participation, effective recognition and individual and collective well-being of everyone who works within it.

The preparation of a gender equality plan is a prerequisite for accessing both European and national funding, which in turn requires the integration of the gender dimension into research and innovation activities. In the biomedical field, this means encouraging the development of research based on a Gender Medicine approach. The Ministry of Health has also adopted the National Plan for the Application and Dissemination of Gender Medicine, which provides for this method to be applied not only to research, but also to healthcare services, communication and training.

Building on the previous Plan, the new GEP 2025-2027 maintains the general objective of promoting an increasingly strong gender perspective across the various areas of clinical and research activity, in line with developments in national, European and international legislation. This new Plan was also developed through the collaboration of several Directorates and Offices within the organisation, extending its cultural and educational pathway throughout Ospedale San Raffaele.

Drawing on the assessment of the previous GEP, we continue to believe in and invest in this project in order to implement a range of practical activities aimed at achieving a better balance in the presence of women and men; contributing to individual well-being through work-life balance measures; combating sexual harassment and gender-based violence; promoting the gender perspective in biomedical research and clinical practice; increasing awareness of gender equality; strengthening positive attitudes towards inclusion; and, finally, measuring all of this through a system for monitoring GEP implementation and data collection.

Eng. Marco Centenari
CEO, IRCCS Ospedale San Raffaele

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1. Introduction

INTRODUCTION

Gender equality is a fundamental principle of the European Union (EU), consistently reaffirmed in its documents, which emphasise the need for concrete action to transform it from a simple statement of principle into an effective reality.

United Nations Goal 5[23], part of the 2030 Agenda for Sustainable Development, is dedicated to gender equality. It seeks to promote equal opportunities in every field, including education, employment and political participation, and to eliminate all forms of discrimination and gender-based violence in both the public and private spheres. In addition to framing the achievement of gender equality within a broader and more complex concept of sustainability, Goal 5 is also distinctive because it cuts across all 17 Sustainable Development Goals: a global commitment to building a fairer and more equitable society.

The Gender Equality Strategy 2020-2025[24], now approaching the completion of its implementation, highlights the importance and effectiveness of the dual approach to gender equality structurally adopted by the European institutions. This approach combines specific gender-equality measures with the integration of a gender perspective into every stage of decision-making across the EU's different areas of action, identifying the various sectors for intervention.

In the field of Research and Innovation, the European Union has long highlighted the need to increase the presence of women in leadership positions[25], support scientific careers by creating family-friendly working environments[26], and integrate the gender dimension into research[27], with the overall objective of making this sector increasingly responsive to the needs of all European citizens.

Since 2021, an important measure has been introduced to support the adoption of a gender perspective in research and innovation activities: the requirement to adopt a Gender Equality Plan (GEP)[28] for all organisations wishing to access funding under the Horizon Europe Programme.

Furthermore, in line with European guidance, the National Recovery and Resilience Plan (PNRR)[29] introduced a national strategy to counter gender discrimination. This strategy cuts across all the missions included in the Plan and is organised around five priorities: work, income, skills, time and power. The PNRR also sets the explicit objective of improving Italy's position in the Gender Equality Index of the European Institute for Gender Equality (EIGE) by five points by 2026. Italy rose from 65 to 68.2 out of 100 in 2023, a score that remains 2 percentage points below the EU average[30]. To access PNRR funding, organisations must have a gender equality plan and must integrate the gender dimension into research and innovation activities.

Through its Ministry of Health, Italy has adopted the National Plan for the Application and Dissemination of Gender Medicine, which in practice requires Gender Medicine to be applied to biomedical research, healthcare services, the training and continuing professional development of healthcare personnel, and public communication and information in the field of health[31]. Moreover, in 2022 the Ministry of Health recognised

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23 *Goal 5: Achieve gender equality and empower all women and girls. Available at: https://unric.org/it/obiettivo-5-raggiungere-luguaglianza-di-genere-ed-emancipare-tutte-le-donne-e-le-ragazze/#:~:text=donne%20e...-,Obiettivo%205%3A%20Raggiungere%20l'uguaglianza%20di%20genere%20ed%20emancipare%20tutte,le%20donne%20e%20le%20ragazze*

24 *Gender equality strategy - European Commission (europa.eu)*

25 *Conclusions of the Council of the European Union of 18 April 2005, with reference to the European Research Area.*

26 *Conclusions of the Council of the European Union of 30 May 2008.*

27 *Conclusions of the Council of the European Union of 26 May 2010.*

28 *European Commission (2021), Horizon Europe guidance on Gender Equality Plans. Available at: https://op.europa.eu/en/publication-detail/-/publication/ffcb06c3-200a-11ec-bd8e-01aa75e- d71a1/language-en/format-PDF/source-232129669*

29 *The text is available at: https://www.governo.it/sites/governo.it/files/PNRR.pdf*

30 *EIGE (2023), Gender Equality Index. Available at: https://eige.europa.eu/gender-equality-index/2023/country*

31 *The text is available at: https://www.salute.gov.it/imgs/C_17_pubblicazioni_2860_allegato.pdf*

the gender discrimination present within healthcare organisations and, in April of the same year, established a technical working group to enhance the professional recognition of women in healthcare[32].

This document was also developed in accordance with the principles of the UNI/PdR 125:2022 Reference Practice, "Guidelines on the gender equality management system, providing for the adoption of specific KPIs (Key Performance Indicators) relating to gender-equality policies in organisations"[33], published in March 2022 by the Italian Standards Body (UNI), which regulates the criteria for obtaining gender-equality certification at national level. The practice identifies six macro-areas relating to gender-equality policies in organisations - Culture and strategy, Governance, HR processes, Opportunities for women's growth and inclusion in the company, Gender pay equity, and Protection of parenthood and work-life balance - and uses specific Key Performance Indicators (KPIs) to assess the maturity of individual organisations according to their size category. KPI-based assessment and achievement, used to measure the organisation's current status in a standardised manner and to monitor annual improvement, are based on the measures and improvement actions implemented by the organisation.

Finally, the Horizon Europe programme funded INSPIRE, the European Centre of Excellence for inclusive gender equality in research and innovation. Ospedale San Raffaele, which is committed to these issues, joined the Community of Practice "Working towards Inclusive Strategies for GEPs", which aims to advance gender policies and Gender Medicine through an intersectional approach[34]. The community will work to strengthen the capacity to promote institutional change, achieve more inclusive and transformative health research, and design new intersectional interventions for future editions of GEPs.
In summary, there are numerous drivers at both European and national level, relating both to gender policies and to inclusive medicine. GEPs are planning and organisational-change tools used by organisations to establish priorities, concrete objectives and specific measures to improve gender equality within the organisation and in healthcare and research activities, following an in-depth assessment of the current situation. The Ospedale San Raffaele (OSR) Gender Equality Plan 2025-2027 is a strategic document that promotes equal opportunities and the inclusion of people working within the Hospital and regards Gender Medicine as an essential instrument of scientific excellence. The GEP 2025-2027 builds on the foundations laid by OSR's first GEP, covering 2022-2024, and largely maintains its general objectives: assessing gender balance within the organisation at different career levels; increasing awareness of gender equality and strengthening positive attitudes towards inclusion; promoting the gender perspective in biomedical research and clinical practice; combating sexual harassment and gender-based violence; contributing to individual well-being through work-life balance measures; and supporting and implementing a system to monitor GEP implementation and data collection.

Implementation of the 2022-2024 Plan not only made it possible to build a data-collection methodology where none had previously existed, but also supported continuous monitoring of the organisation's position in terms of gender equality, highlighting both the areas that experienced the greatest progress and those requiring further action. Evaluation of the previous Plan therefore makes it possible to continue progressing towards gender equality within the organisation, drawing on the objectives achieved during the previous GEP and moving towards further goals.

In line with national and European legislation and international objectives, this Plan aims to foster the full participation, better recognition and, consequently, the individual and collective well-being of everyone working at the Hospital. It also seeks to promote increasing attention to the gender perspective in the different areas of clinical and research activity, consistently with national legislation[35]. Drafted at the end of a lengthy collaborative process involving several Directorates and Offices within the organisation, the Ospedale San Raffaele GEP 2025-2027 takes account of the complexity of the organisation, both in terms of its size and staff and in terms of its relationships with other bodies in the group to which it belongs. As required by European Commission guidance, this document first sets out the results of the evaluation phase of the previous GEP 2022-2024, which in practice constitute a new gender-auditing phase and made it

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32 *The working group was established by Undersecretary of State at the Ministry of Health Pierpaolo Sileri by decree of 12 April 2022.*

33 *Available at: https://www.uni.com/*

34 *INSPIRE, Community of Practice. Available at: https://inspirequality.eu/*

35 *Plan for the Application and Dissemination of Gender Medicine (implementing Article 3(1), Law 2018), version of 6 May 2019. Available at: https://www.salute.gov.it/portale/donna/dettaglioPubblicazioniDonna.jsp?lingua=italiano&id=2860*

possible to update the picture of gender equality and inclusion within the organisation. The objectives and actions envisaged in the new Plan are then presented. The Plan comprises 6 general objectives and 69 specific objectives to be achieved over three years - from January 2025 to December 2027. For each action, the GEP identifies responsibilities, dedicated resources, implementation schedules, and interim and ex-post monitoring indicators.

1.1 OSPEDALE SAN RAFFAELE

Ospedale San Raffaele is a highly specialised clinical, scientific and university institution of international standing. It has been recognised by the Ministry of Health as an I.R.C.C.S. (Scientific Institute for Research, Hospitalisation and Healthcare) since 1972 and is accredited with the Italian National Health Service (SSN). In 2012, Ospedale San Raffaele became part of Gruppo San Donato (GSD), Italy's largest private hospital group. Founded in 1957, Gruppo San Donato revolutionised healthcare by placing the patient at the centre of its ecosystem. With 58 facilities today, it is Italy's leading private hospital group and a symbol of healthcare excellence in both clinical activity and scientific research.
OSR is a highly specialised institution with 1,200 beds, approximately 3,500 healthcare staff and more than 900 people dedicated to research, both clinical and basic, as well as approximately 140 doctoral candidates and 900 medical residents. The Hospital includes more than 60 clinical units, 4 research divisions, 4 research institutes, 4 research centres and 8 clinical research centres. Since 2023, following the new decree reforming the regulation of IRCCSs, OSR has identified four Thematic Areas of excellence: Cardiology and Pulmonology, Immunology and Haematology, Oncology, and Neurology. OSR is also home to a Level II Emergency and Admissions Department (DEA II) and is the teaching and clinical-care hub of Vita-Salute San Raffaele University.
Its multidisciplinary structure, advanced technology and continuous interaction among scientific research, teaching and clinical activity have produced results that have made OSR a leading centre of clinical and scientific excellence in Italy: more than 1,400,000 outpatient diagnostic and Emergency Department services, 45,000 hospital admissions per year, 400 clinical trials in the healthcare area, more than 2,500 scientific publications annually, 135 European projects, 700 research projects in partnership with industry, and 800 patents.
Ospedale San Raffaele is a European and global point of reference for the development of innovative therapies and new diagnostic techniques based on advanced imaging and genomics. This is achieved through a virtuous cycle linking biomedical research with clinical practice and with the training of Hospital professionals and of students attending Vita-Salute University (UniSR) and other Italian universities.
OSR is a large and complex organisation, but it is functionally well integrated. It therefore provides an opportunity to develop a GEP that introduces cultural, organisational and scientific change involving individuals with different skills, educational backgrounds, experience and levels of awareness. OSR recognises this opportunity as important for the full recognition of its talent and the support of clinical and scientific excellence.

1.2 STAFF INVOLVED IN DATA COLLECTION AND PREPARATION OF THE GEP

Ospedale San Raffaele began developing its work on gender issues in 2018, with the appointment of an Institutional Representative for Gender Medicine and her participation in two strategic working groups: the first established by the Ministry of Health together with the Italian IRCCSs to draft the National Plan for Gender Medicine; the second established by the Lombardy Region's Regional Foundation for Biomedical Research together with several Lombardy research bodies to discuss the development of gender policies and Gender Medicine in biomedical research institutions in the region.
In 2019, the Hospital established a working group, Team GEDI (GEnder, Diversity and Inclusion in medicine, research and governance), tasked with promoting organisational change towards greater inclusion. Team GEDI is composed of representatives of several organisational areas, particularly the Scientific Directorate, Healthcare Directorate, Human Resources Directorate and Training Office. As indicated by the European "Horizon Europe Guidance on Gender Equality Plans" and by the methodology of the Gender Equality in Academia and Research (GEAR) tool[36], Team GEDI is positioned within the organisation chart and reports directly to the CEO.

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36 *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, provides universities and research organisations with practical tools for achieving different gender-equality objectives throughout all stages of organisational change, from the creation of a Gender Equality Plan to the assessment of its actual impact. Further information: https://eige.europa.eu/publications/gender-equality-academia-and-research-gear-tool*

In addition, the role of GEDI Agent was introduced in 2023: an internal qualified resource responsible for implementing and monitoring the GEP.
Team GEDI coordinated the drafting of the GEP 2022-2024 and the GEP 2025-2027, whose content was nevertheless developed in synergy and collaboration with numerous Directorates and organisational bodies. The following people were involved in particular:

Team GEDI: Cinthia Farina (Coordinator and Institutional Representative for Gender Medicine), Paola Vassalini, Margherita Gambaro, Roberta Vasques.
GEDI Agent: Arianna Montera.
Scientific Directorate: Gianvito Martino (Director), Cinthia Farina, Paola Larghi and Anna Innocenzi (Scientific Secretariat), Laura Tei with Diego Bertini (Library).
Research Directorate: Flavia d'Amelio Einaudi (Director), Stefania Brunetti, Thierry Touvier (Grant Office).
Research Business Development Directorate: Daniela Bellomo (Director), Simona Locatelli and Rossana Roncarolo (Technology Transfer Office).
Healthcare Directorate: Roberts Mazzuconi (OSR Director), Salvatore Mazzitelli (Director, San Raffaele Turro - SRT), Roberta Vasques, together with Ester Faverzani, Fabiana Beffasti, Elisa Pecchio (Secretariat) and Paola Garancini (Quality and Accreditation Area).
Human Resources Directorate: Paola Vassalini (Director), together with Paolo Mastroiacovo, Marielita Bisceglie, Margherita Gambaro (Head of the Training Office) and Sara Pirola.
Operations Directorate: Federico Esposti (Director).
Technical Area Directorate: Paolo Brazzoli (Director), Stefania Ardemagni.
Press Office: Marta Ammoni.
Information Systems: Mauro Motta and Alessandro Venturi.
Offices of other institutions: Cristina Cerutti (UniSR Doctoral Programmes Office), Manuela Bettera (UniSR Post-Graduate Hub), Chloe Larsay, Erika Farese, Elena Belcredi, Lara Elettra Benvenuti (Gruppo San Donato Communications Office) and Elena del Boca, Alice Trovato and Stefania Grassi (Achelois).
External consultants: Barbara De Micheli and Roberta Paoletti (Fondazione Giacomo Brodolini srl SB).
The document was formally approved by the CEO.

1.3 METHODOLOGY

The OSR GEP is based on methodologies and tools developed through numerous recent experiences in scientific research organisations in Europe and Italy. In particular, it drew inspiration from the European Institute for Gender Equality (EIGE) Gender Equality in Academia and Research (GEAR) toolkit and from the approach adopted in the European TARGET project[37], in collaboration with Fondazione Giacomo Brodolini.
In both cases, the GEP objectives are identified after a preliminary gender-auditing phase, during which gender-disaggregated data are collected and analysed in order to identify the areas with the largest gender gaps, the causes of those gaps and the most urgent intervention measures. The TARGET project methodology emphasises the importance of a participatory approach, actively involving internal stakeholders from the data-analysis stage through to the identification of actions. In the case of the Gender Equality Plan 2025-2027, the involvement of the different parties follows two years of implementation work and subsequent evaluation of the 2022-2024 Plan.

Through the gender-auditing process preceding the development of OSR's first GEP, and subsequently through its implementation, the Hospital achieved important improvements in organisational awareness of gender equality.

First, a data-collection methodology was developed and implemented during the GEP 2022-2024, making it possible to build a picture of the organisation's current position. Hospital staff were also informed of the Plan and Top Management's commitment through different communication activities (internal mailing list, publication on the website, social media, production of short videos on the main GEP objectives, and creation of a series highlighting women's excellence). Distance-learning courses on unconscious bias and harassment were also developed and made available to all staff.
The increased awareness of gender equality among staff reflects the organisation's firm commitment, which is also demonstrated by the drafting, approval and publication of numerous Policies.

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37 *TARGET is a Horizon 2020-funded project that contributes to advancing gender equality in research and innovation in seven innovative gender-equality institutions in the Mediterranean basin, including research-performing organisations, research funders and a university network.*
Further information: http://www.gendertarget.eu/

These include the Policy on the Protection of Personal Dignity; the Policy on Equal Gender Opportunities in Committees and Working Groups; the Policy on Equal Gender Opportunities in Scientific Events organised by Ospedale San Raffaele; the Policy on Time and Meeting Management; and the Policy on Work-Shift Management.

The 2022-2024 Plan also worked to improve the balance of women and men in research and publications, while at the same time increasing awareness of and attention to Gender Medicine. It created a broad network of representatives for the different clinical and research areas, trained them in accordance with international standards, mapped Hospital publications adopting this perspective, and supported the development of differentiated and personalised clinical protocols.

Thanks to its GEP 2022-2024, the Hospital received important recognition. In particular, it won first prize among private companies in the Protagoniste in Sanità competition[38] and the 2023 Inspiring Company award[39] from Fondazione Libellula for its commitment to gender equity and the prevention of gender-based violence. In addition, in its 2023 Catalogue, Fondirigenti described OSR's work as an example of management-training excellence in the field of Sustainability[40].

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38 Available at: Premio Protagoniste in Sanità 2022 - Donne Protagoniste in Sanità

39 Available at: Premio Libellula Inspiring Company | Fondazione Libellula

40 Available at: Fondirigenti

2.
Gender equality at San Raffaele:
Data analysis

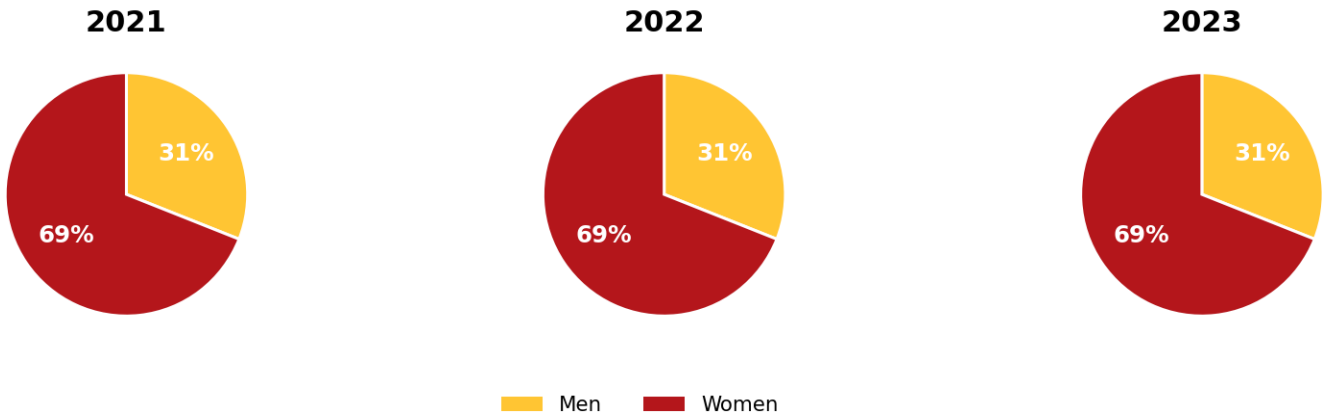
Table 1 - Type of data collected and reference period

DATA COLLECTED	YEAR
GENDER BALANCE IN THE ORGANISATION	
Overall and by career position	2021-23
Promotions	2023
Committees	2021-23
Pay	2021-23
Teaching assignments requested by sponsors	2021-23
Remote working	2021-23
Part-time work	2021-23
Law 104	2021-23
Parental leave	2021-23
Post-maternity departures	2023
Turnover	2023
Communication	2023
GENDER BALANCE IN RESEARCH OUTPUTS	
Scientific Secretariat and event faculty	2021-23
Research projects	2021-23
Authorship in scientific publications	2021-23
Confidentiality agreements	2021-23
Sponsored research / alliances / partnership agreements	2021-23
New patent registrations	2021-23
Patent licences	2021-23
Spin-offs	2021-23
GENDER MEDICINE	
Gender Medicine publications	2022-23
Gender Medicine projects	2022-23
Scientific events with Gender Medicine content	2022-23
Diagnostic-Therapeutic Care Pathways for Gender Medicine	2023
Communication containing Gender Medicine content	2023

2.1 GENDER DISTRIBUTION AMONG STAFF

In 2023, the total population employed under an OSR contract was 4,766 people, of whom 3,278 were women (69%) and 1,488 were men (31%). These percentages remained unchanged compared with the previous two years.

Figure 1 - Gender balance among staff with an OSR contract, 2021-2023



2.1.1. RESEARCH AREA

The gender balance in the RESEARCH AREA for 2023 shows a typical scissor pattern (Fig. 2A). Research staff are predominantly women among doctoral candidates and researchers/collaborators; there is substantial parity among Facility Managers and Research Unit Heads (Group Leaders); and a sharp divergence then appears at Director level, with 84.62% (N:22) men and 10.7% (N:4) women. However, among these senior positions, women's representation has progressively increased over the past three years (Fig. 2B).

Figure 2 - Gender balance in the Research Area in 2023 (A) and among Directors over the last three years (B). Numbers in the white boxes in B indicate units.

Figure 2A

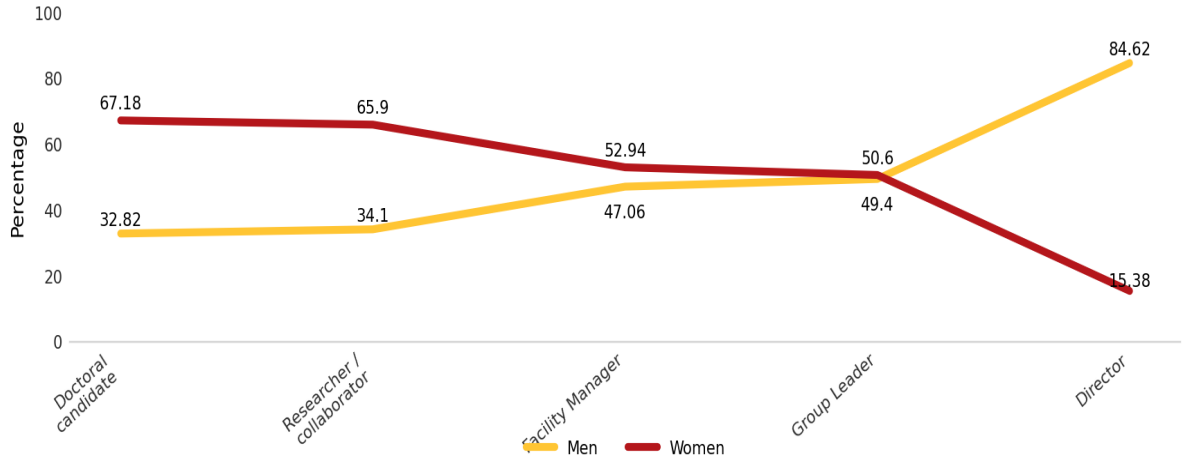
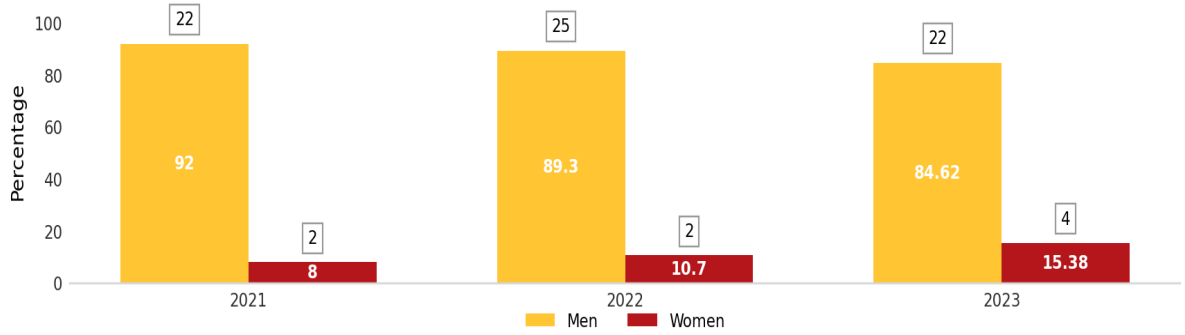


Figure 2B



2.1.2. ADMINISTRATIVE AREA

The gender balance in the ADMINISTRATIVE AREA for 2023 shows a reversal in male and female representation between the employee position and that of office manager (Fig. 3A). In addition, the office-manager position shows a decline in women's representation over the last three years, with the 2022 and 2023 figures below the 60:40 ratio recommended at European level (Fig. 3B).

Figure 3 - Gender balance in the Administrative Area in 2023 (A) and among managers over the last three years (B). Numbers in the white boxes in B indicate units.

Figure 3A

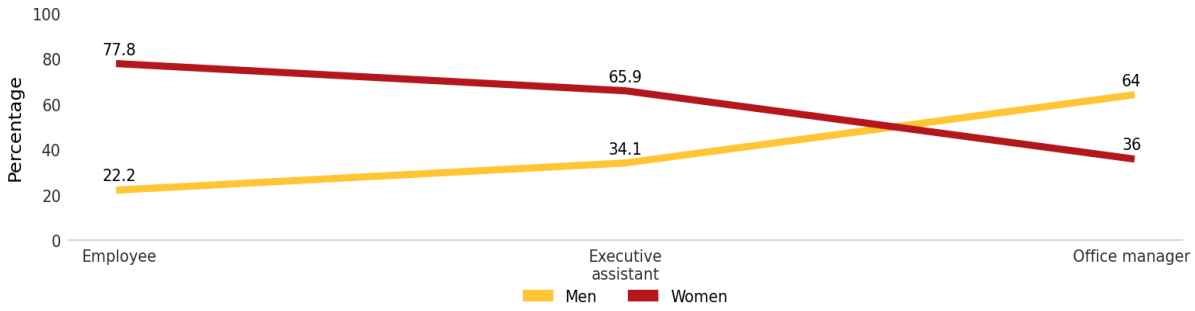
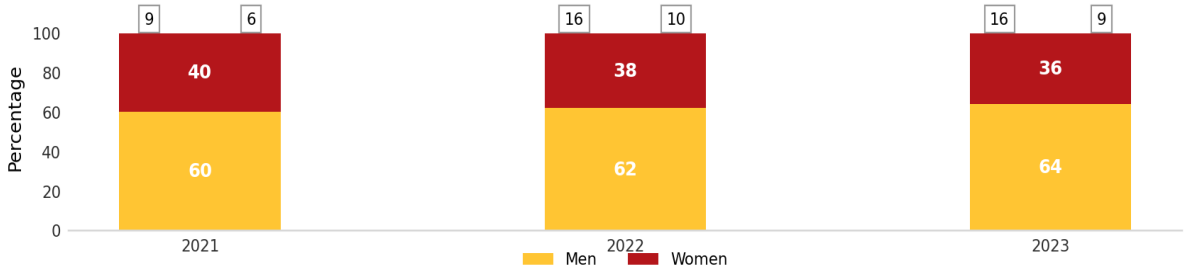


Figure 3B



2.1.3. HEALTHCARE AREA

The gender balance in the HEALTHCARE AREA for 2023 shows a female majority among nursing coordinators and midwifery coordinators, in line with the level immediately below, indicating that this career transition encounters no resistance (Fig. 4A). Gender parity is observed among medical residents, RUFs and CAAs, followed by a clear reversal in favour of men in head-physician roles. However, over the last three years, the number of head physicians has fluctuated slightly while women's representation has increased steadily (B).

Figure 4 - Gender balance in the Healthcare Area in 2023 (A) and among Head Physicians over the last three years (B). Numbers in the white boxes in B indicate units.

Figure 4A

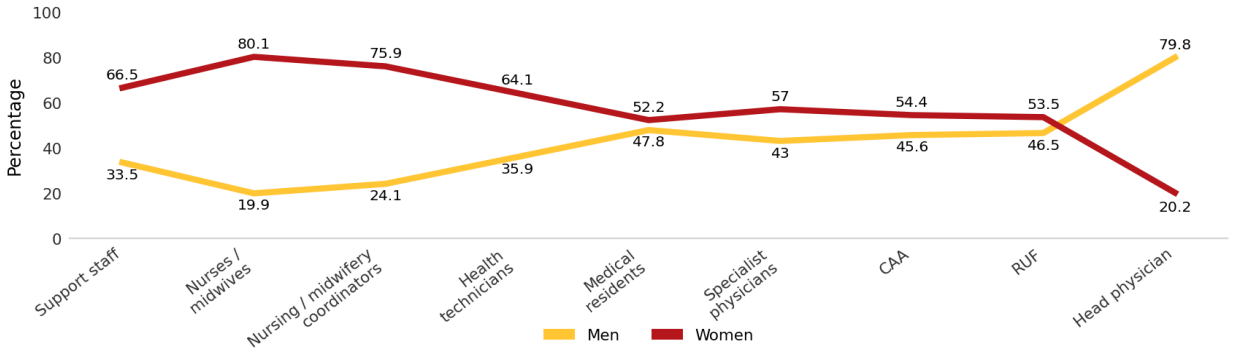
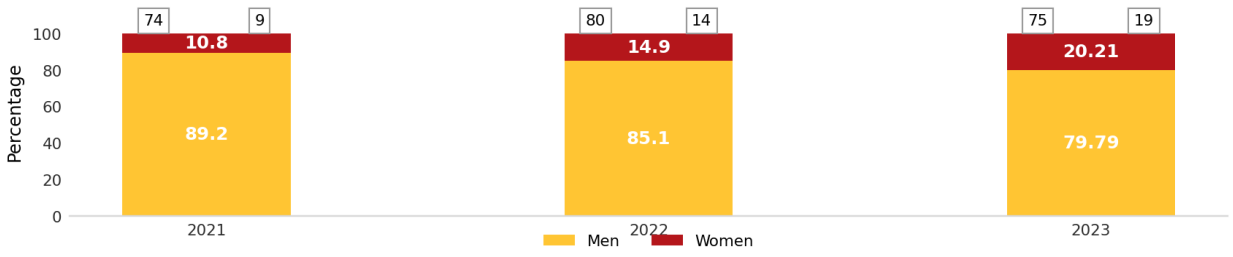


Figure 4B



2.1.4. BOARD OF DIRECTORS AND TOP MANAGEMENT

In 2023, the Hospital's Board of Directors (BoD) consisted of 7 people (including the Chair, CEO and Vice-Chair), of whom 2 were women and 5 were men, a clear improvement compared with the all-male Board in 2021. The cumulative analysis of gender-disaggregated data for the BoD and Top Management - defined as staff who report directly to the Chief Executive Officer (CEO) in the organisation charts - shows a slight and steady increase in women's representation over the three years (Figure 5A). The analysis broken down across the three Areas (B) shows that the distribution of Top Management remained unchanged in the Research and Healthcare Areas, while women's representation increased in the Administrative Area in 2023.

Figure 5 - Gender balance for the BoD + Top Management, 2021-2023 (A), and Top Management by area (B). Numbers in the white boxes in B indicate units.

Figure 5A

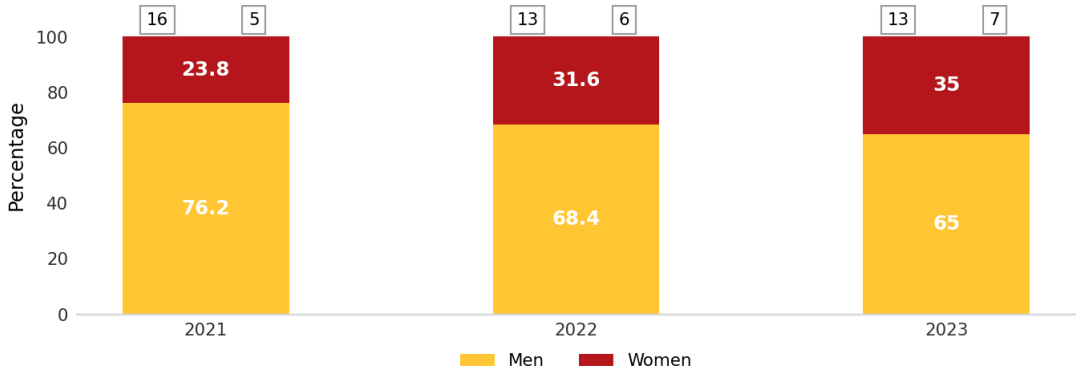
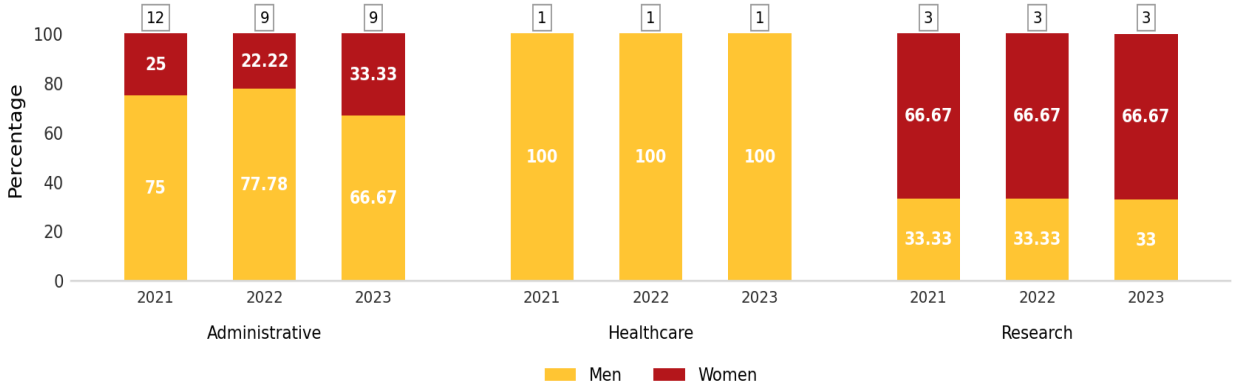


Figure 5B

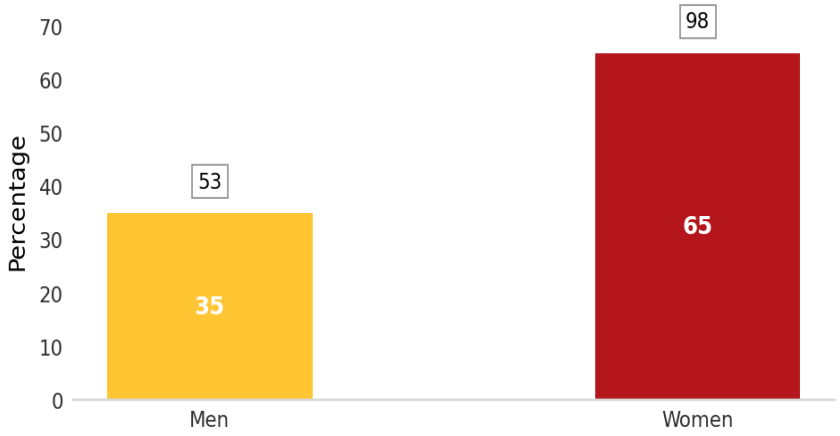


2.1.5. CAREERS

One of the KPIs in UNI/PdR 125:2022 requires the annual average number of promotions to be analysed. When contractual progression during 2023 is calculated, the percentage of women promoted (Fig. 6) is similar to the proportion of women in the organisation (Fig. 1).

Figure 6 - Gender balance in promotions among staff with an OSR contract in 2023

Figure 6



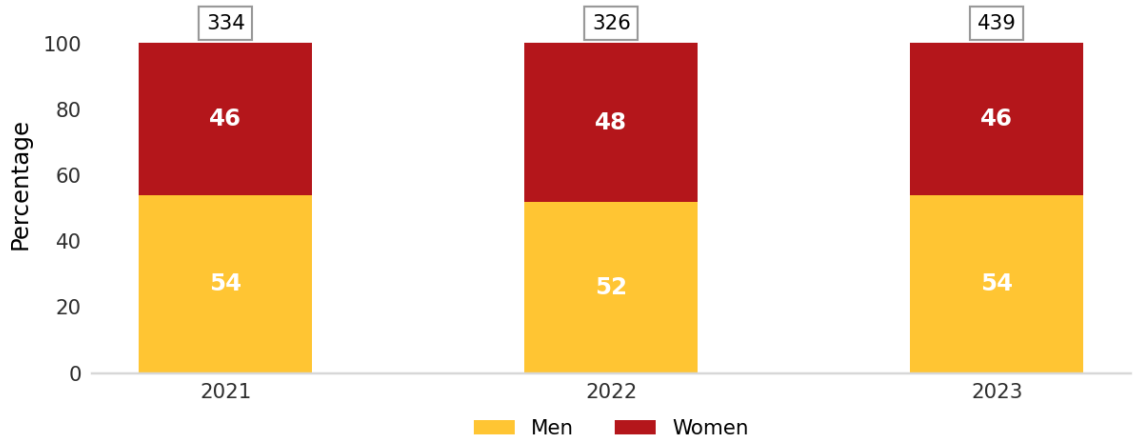
A further analysis was carried out for the Research Area, where the Commission for Appointments and Promotions (CAP) acts as an advisory body to the Scientific Directorate and is called upon to issue a non-binding opinion concerning the hiring/recruitment, promotion or confirmation of a candidate and any related appointment. Monitoring data from 2021 to 2023 indicate that the majority of people assessed over the last two years were women (n.: 1 woman and 2 men in 2021; 1 woman in 2022; 6 women and 3 men in 2023). These data supplement those collected in the previous GEP, according to which a similar number of women and men have been assessed and selected for Group Leader positions since 2011.

2.1.6. COMMITTEES

The gender balance of the organisation's internal committees is broadly equal (Figure 7). However, it should be noted that 2 of the 7 committees of the Vita-Salute University PhD Programme that include IRCCS personnel have pronounced gender differences that remained unchanged over the three years. Data are also reported separately for the two new Gender Medicine (GM) committees established in 2023, consisting of 17 women and 2 men in the Research Area and 56 women and 8 men in the Healthcare Area.

Figure 7 - Gender balance in committees, 2021-2023

Figure 7



2.1.7. ANALYSIS OF PAY

The gender balance in Gross Annual Salary (RAL) for staff with an OSR contract in 2021-2023 shows that there were no pay gaps at most contractual levels. Of 170 total contractual levels in 2021 and 147 in both 2022 and 2023, only 24, 27 and 32 levels respectively showed imbalances when a threshold above 10% was applied. Most of these were imbalanced in favour of men. In addition, analysis of average RAL in High Management and managerial positions shows substantial parity between the two genders (Figure 8B).

Figure 8 - Gender balance by contractual level (A) and average RAL for managers and executives (B), 2021-2023

Figure 8A

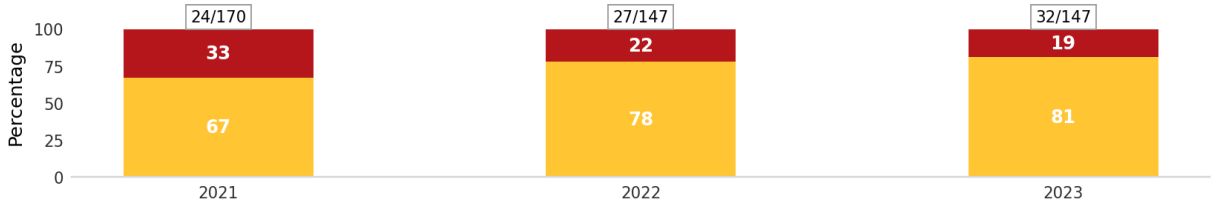
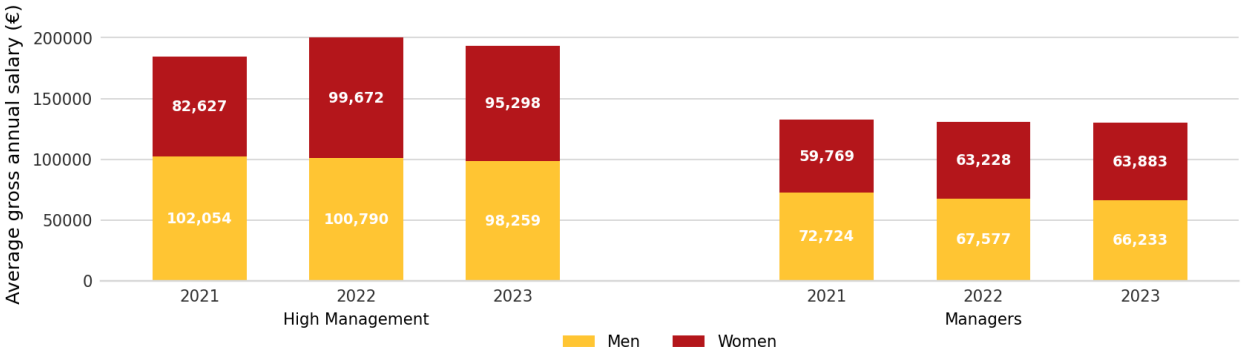


Figure 8B



Finally, we analysed the additional compensation generated by teaching assignments in sponsored courses and by Educational Grants. For the former, although women's participation improved over the last three years (Figure 9A), the average fee per contract in 2023 was EUR 667 for women and EUR 1,012 for men (Figure 9B). By contrast, sponsored Educational Grants in 2023 were awarded to 216 women (54%) and 185 men (46%).

Figure 9 - Gender balance in teaching assignments for sponsored courses, 2021-2023 (A), and average fee per contract in 2023 (B)

Figure 9A

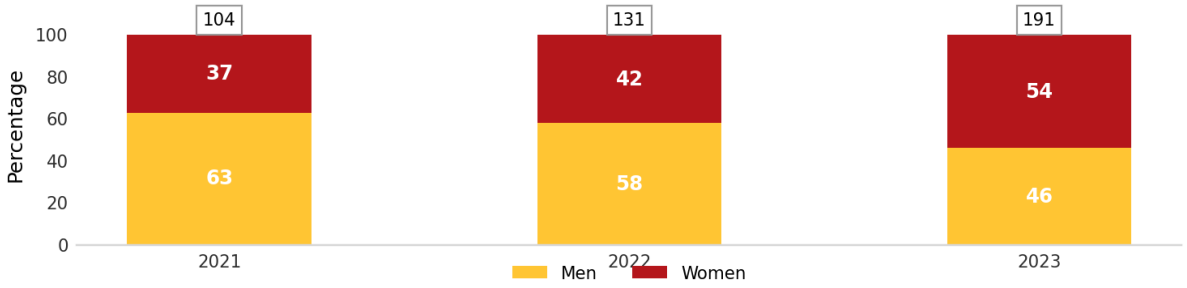
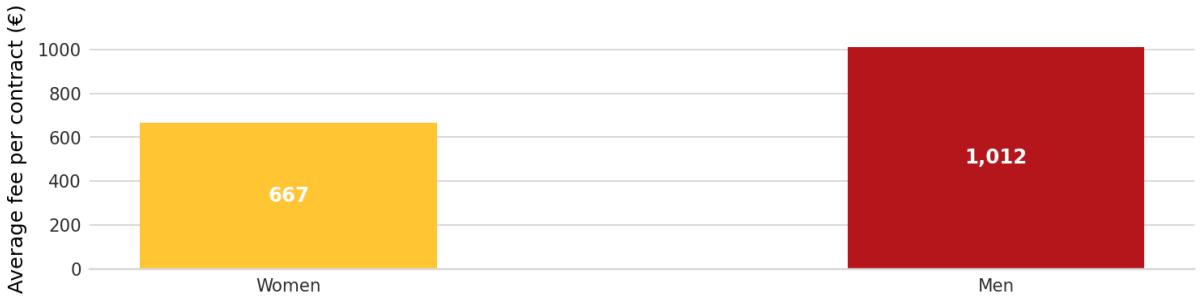


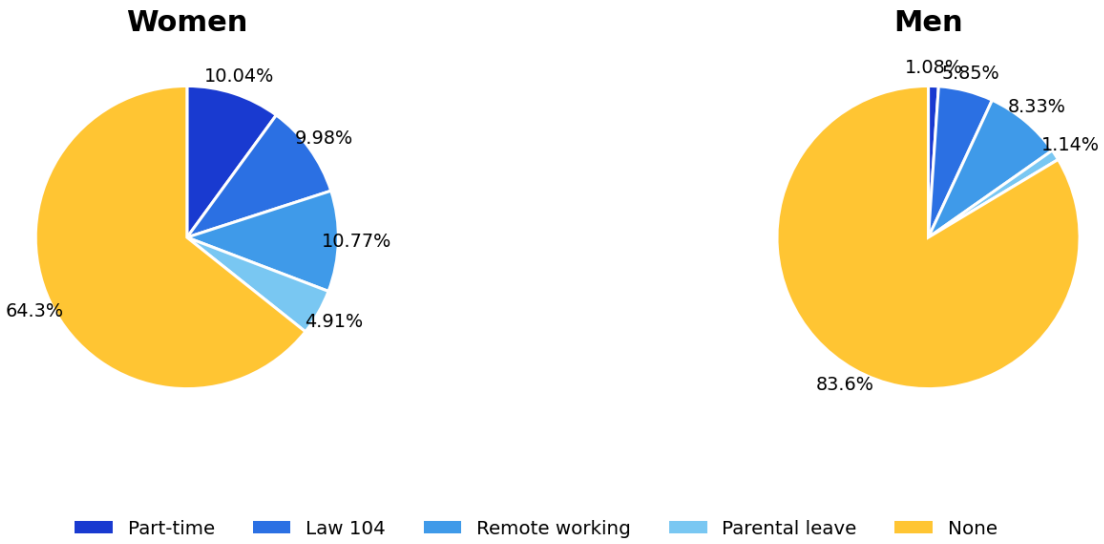
Figure 9B



2.1.8. WELFARE AND WELL-BEING

The gender-disaggregated analysis of staff using welfare measures - remote working, part-time work, the provisions of Law No. 104 of 5 February 1992, the framework law on assistance, social integration and the rights of people with disabilities, and parental leave - shows that in 2023, 35.7% of women used welfare arrangements compared with 16.4% of men (Fig. 10). Compared with 2021-2022, the percentages declined, by 3 points for women and 4 points for men relative to the previous year (39.4% for women and 20.5% for men in 2022; 40% for women and 20% for men in 2021). In particular, while the percentages of women and men using remote working are similar, many more women make use of Law 104, part-time work and parental leave.

Figure 10 - Use of welfare measures by women and men, 2023



We also analysed post-maternity departure and turnover rates for 2023. Of the 161 women who took parental leave, 10 (6%) left employment after maternity leave within the child's first year, although the reason for their resignation is not known. None of the 17 men who took parental leave left the organisation. The turnover rate - calculated as the number of employees leaving the organisation through dismissal, resignation or retirement as a proportion of the total workforce - was identical among women and men, at 0.89%.

Among the welfare measures supporting parenthood, Ospedale San Raffaele guarantees 100% of salary for the entire period of compulsory maternity leave and for the first 30 days of parental leave (formerly optional maternity leave) for working mothers or fathers. Parents, both women and men, also receive 50% of salary for the first 30 days of absence due to illness of children under three years of age. An agreement is also in place with the nursery adjacent to the Hospital.

The "HEALTH FOR EVERYONE" agreement is also available to GSD employees, self-employed collaborators, internal consultants and their family members. It includes a 40% discount on outpatient services, 30% on dental services and 100% on private hospital admissions.
OSR and/or GSD have also entered into agreements with retailers and external service providers. Specifically, these include agreements for travel, accommodation and fitness; agreements with insurance companies and banks; 2 boutiques; 2 jewellery shops; 2 hotels; 4 health and beauty stores; 4 food companies; 1 car company; and 7 other providers.

Finally, to safeguard the well-being of OSR staff and prevent gender-based harassment, a Counsellor of Trust (CoT) service managed by Fondazione Libellula is active. Specific distance learning is available to all staff and, since October 2023, has been completed by 1,474 people: 1,150 women and 324 men. Similarly, under the previous GEP, distance learning on Gender and Stereotypes was developed and made available to all internal staff; since February 2024, it has been completed by 546 people: 441 women and 105 men.

2.1.9. COMMUNICATION

Our external communication activities concerning the GEP, awareness days (11 February, International Day of Women and Girls in Science; 8 March, International Women's Day; and 25 November, International Day for the Elimination of Violence against Women and gender-based violence) and awards received generated high levels of engagement with social-media posts (LinkedIn, Instagram and Facebook) (Fig. 11).

Figure 11 - Overview of social-media activities

	Views and reactions to posts
Awareness days	100,521
GEP views on the OSR website	31,395
GEP posts	23,050
Award posts (Protagoniste in Sanità and Fondazione Libellula)	16,236

In addition, to highlight women's excellence in OSR clinical and research activities, 10 success stories were published in the news section of the institutional OSR website in 2022 and another 10 in 2023.

2.2 THE VISIBILITY OF WOMEN AND MEN IN RESEARCH OUTPUTS

2.2.1. CONFERENCES AND SCIENTIFIC EVENTS

The data concern conferences and all scientific events organised by OSR from 2018 to 2023. Compared with previous years, the ability to retrieve information on scientific events varied, with 7 events in 2018, 8 in 2019, 3 in 2020, 7 in 2021, as many as 46 in 2022, but only 11 in 2023. Figure 12A shows growing female participation in the Scientific Secretariat and Faculty. Analysis of the 2023 OSR Retreat shows a clear increase in women's participation in the organising secretariat, reversing the share of the less represented gender. Note that the OSR Scientific Retreat was not held in 2021 (Fig. 12B).

Figure 12 - Gender balance in the Scientific Secretariat and Faculty of conferences (A) and OSR Retreats (B)

Figure 12A

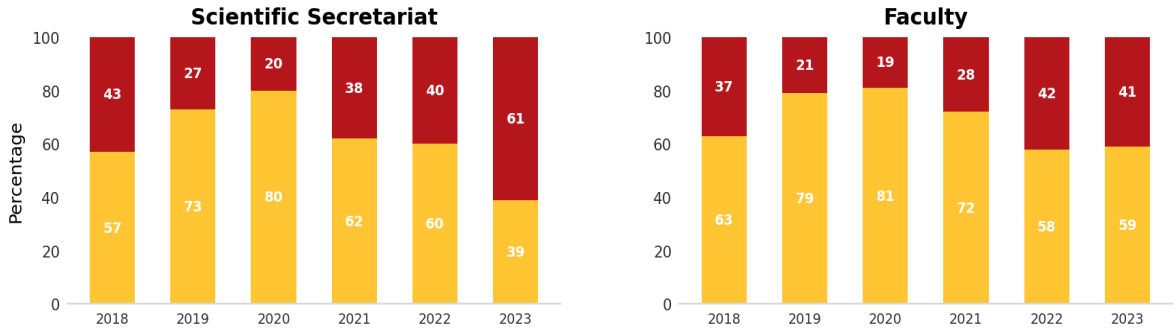
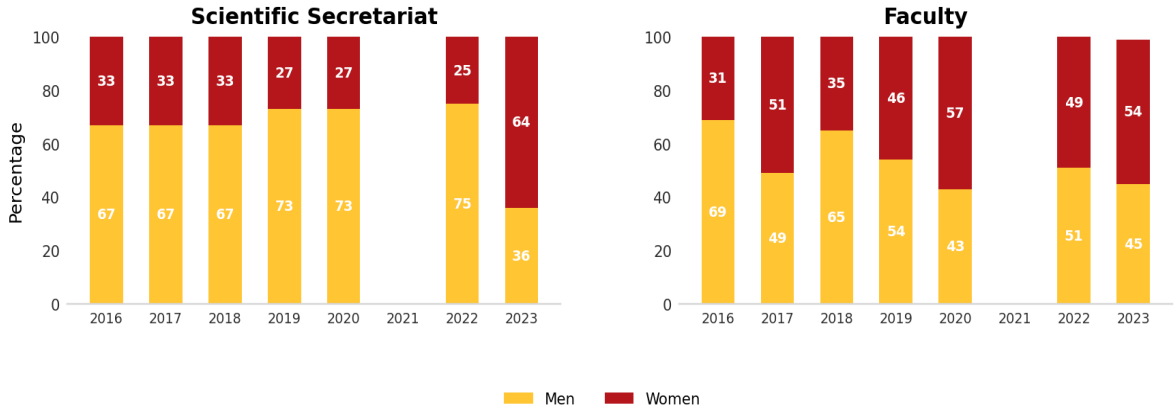


Figure 12B



2.2.2. RESEARCH PROJECTS

The gender balance for research projects submitted to national and international calls during 2020-2023, the projects funded, and the success rate - calculated as projects won relative to projects submitted in the previous year - shows similar numbers of projects submitted by women and men, while the success rate tends to favour men (Fig. 13). Of the 999 projects submitted in 2020-2023 (493 by women and 506 by men), 145 submitted by women and 192 submitted by men were successful.

Figure 13 - Gender balance in research projects

	2020		2021		2022		2023	
	Women	Men	Women	Men	Women	Men	Women	Men
Projects submitted	133	123	118	129	154	178	88	76
Projects funded	39	48	48	46	21	30	37	68
Success rate relative to submissions in the previous year	/	/	19%	18%	9%	12%	11%	20%

2.2.3. SCIENTIFIC PUBLICATIONS

For scientific publications, of a total of 2,625, there were 1,099 publications in 2023 in which OSR staff held a prominent authorship position (first, last or corresponding author). Figure 14A shows the gender balance in scientific publications over the last five years, while Figure 14B provides a further level of analysis concerning the number of authors who published as first, last and corresponding authors. A moderate gender imbalance is evident for last and corresponding authorship, but not for first authorship.

Figure 14 - Gender balance in scientific publications (A) and among authors (B)

Figure 14A

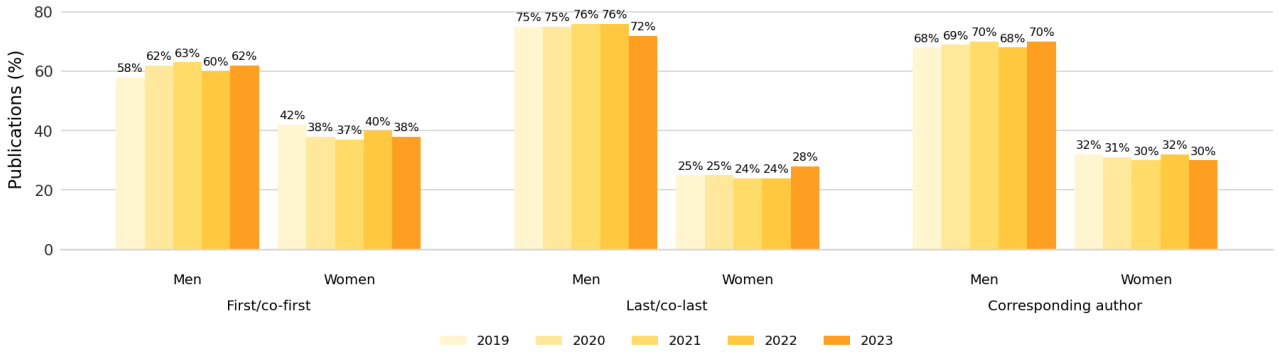
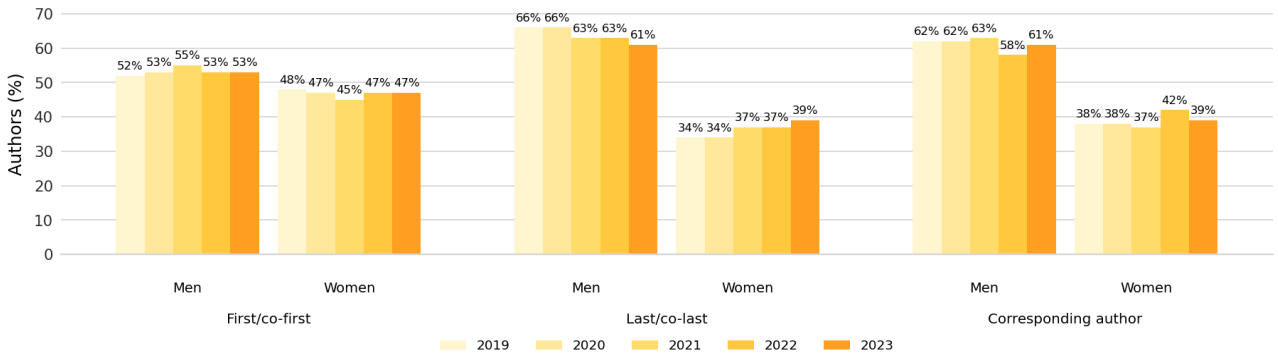


Figure 14B



In addition, the average number of papers published by women and men was calculated by dividing the number of publications by the number of authors in the same year.

Figure 15 - Gender balance in the average number of publications

	2021		2022		2023	
	Women	Men	Women	Men	Women	Men
First/co-first	1,5	2,1	1,5	2,0	1,4	2,1
Last/co-last	1,9	3,6	2,0	3,7	2,1	3,3
Corresponding	2,0	2,6	1,8	2,7	1,8	2,6

It is clear that women are authors of fewer publications than men. These data reflect the findings of the Elsevier Report, according to which women researchers are, on average, authors of fewer publications than men in every country, regardless of authorship position[23]. The observed differences in the number of grants received may affect the resources available to women for research and therefore their ability to publish: if less funding means fewer projects, it can be hypothesised that this also has a negative effect on the number of publications produced. The same applies to the number of patents. Because research funding, publications and patents are often used as measures of researchers' career success, it is possible that the gender gap observed across these different types of research output affects women's position in research and inhibits their advancement into positions of responsibility[24].

The gender balance for Confidentiality Agreements (CAs) - agreements entered into for the exchange of confidential information with third parties, which therefore reflect the degree of exposure and visibility of our researchers - shows greater male representation in all three years (Fig. 16A). The same observation applies to sponsored research (Fig. 16B). New patent registrations were markedly in favour of men in 2021 and 2022, while in 2023 more than half were submitted jointly by women and men (81%), with 9.5% submitted by each individual gender (Fig. 16C). Patent-licensing data show a clear male predominance, although the numbers are small (Fig. 16D). Finally, as in the previous two years, all 5 spin-offs connected with OSR in 2023 were male-led.

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23 *Elsevier, The Researcher Journey Through a Gender Lens, 2020. Available at: https://assets.ctfassets.net/o78em1y1w4i4/5AtyWOEnX4buh2xkHleyKq/f629f6650519b09c9bb9fd6659761ac5/Elsevier-gender-report-2020.pdf*

24 *Elsevier, The Researcher Journey Through a Gender Lens, op. cit., p. 52.*

2.2.4. RESEARCH TECHNOLOGY TRANSFER OUTPUTS

Figure 16 - Gender balance in research technology-transfer outputs

Figure 16A

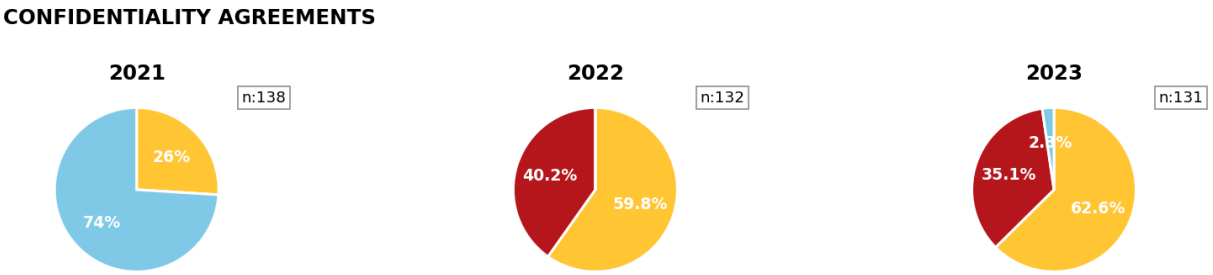


Figure 16B

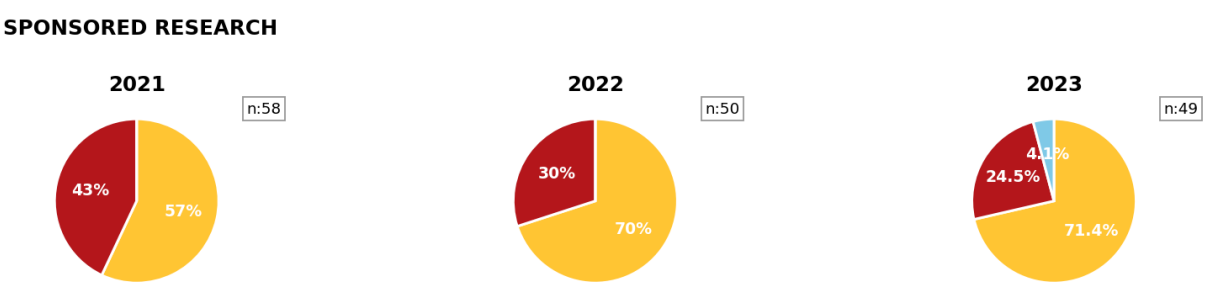


Figure 16C

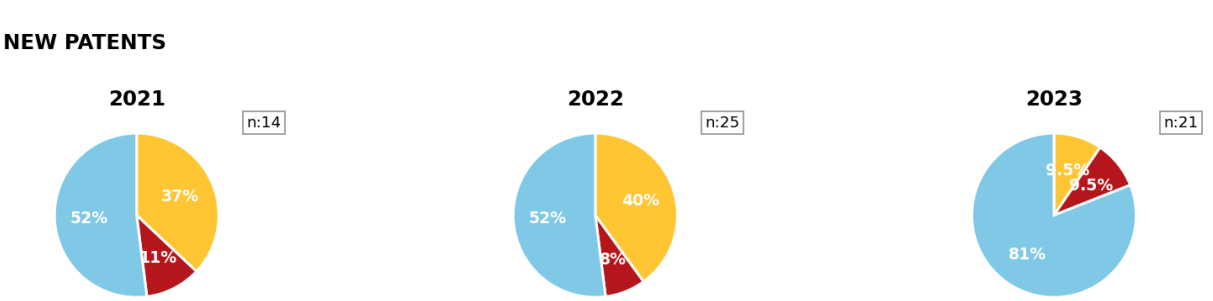
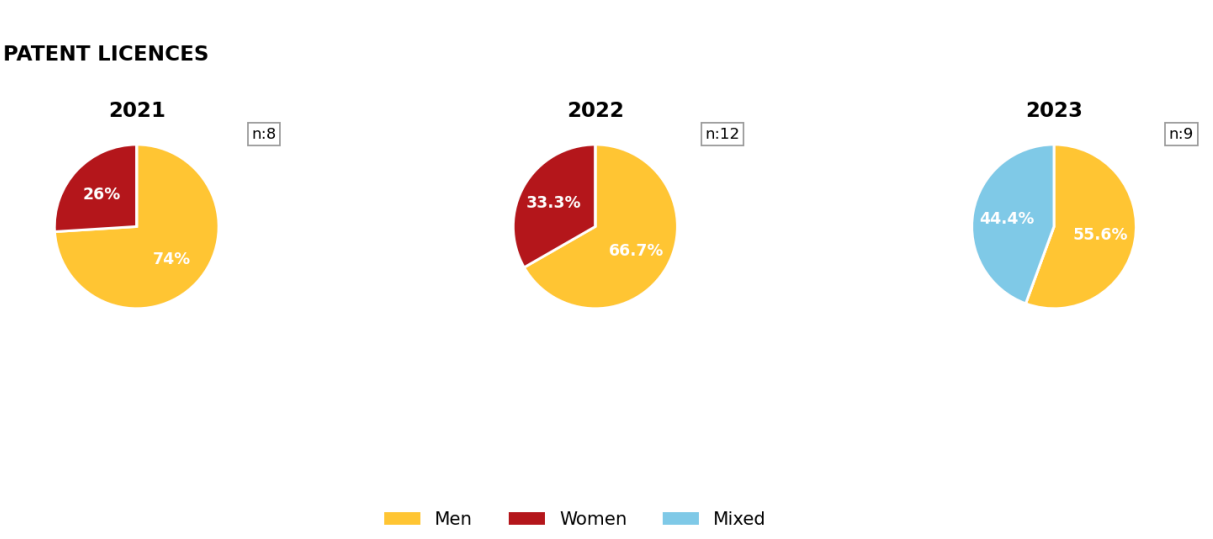


Figure 16D



2.3 INTEGRATING THE GENDER PERSPECTIVE INTO MEDICINE AND RESEARCH

2.3.1. GENDER MEDICINE PUBLICATIONS

Over the last two years, the activities undertaken to raise awareness of Gender Medicine (GM) and to implement a more effective methodology for detecting Gender Medicine content in each publication have revealed a major increase in scientific papers analysing data by sex and/or intersectional parameters. We also identified several publications concerning intersex conditions.

Figure 17 - GM scientific publications

Publications	2022	2023
Male-female comparison	168	356
Sex-specific	205	256
Transgender	0	0
Intersex	5	3
Intersectionality	Not collected	22

2.3.2. GENDER MEDICINE PROJECTS

For projects containing GM content, the use of keywords in titles identifies an extremely limited number of submitted and/or funded projects containing GM content. This indicates that the data-collection system requires further development.

Figura 18 - GM projects

	2021	2023	2023
GM projects submitted	12	10	9
GM projects funded	4	3	3

2.3.3. SCIENTIFIC EVENTS WITH GENDER MEDICINE CONTENT

In 2022, there was no comprehensive system for collecting information on scientific events containing Gender Medicine content. The divisions and Gender Medicine representatives were therefore contacted, but provided limited feedback. Of the 46 scientific events organised by OSR in 2022, only 5 included Gender Medicine content. In 2023, a digital data-collection form was implemented: of the 11 forms completed, only 2 included GM.

2.3.4. DIAGNOSTIC-THERAPEUTIC CARE PATHWAYS FOR GENDER MEDICINE

In the Healthcare Area, a gender-sensitive mapping of clinical protocols for Diagnostic-Therapeutic Pathways, Specific Operating Instructions and General Operating Instructions was conducted in 2022, and a process began to integrate gender-sensitive provisions. Over the two years, two clinical pathways were revised from a Gender Medicine perspective:

- coronary syndromes: by integrating the document issued by the Italian National Institute of Health (ISS) on the subject[23].
- breast disease during breastfeeding: OSR, recognised by UNICEF as a Baby-Friendly Hospital[24], promotes breastfeeding as an informed and conscious choice by mothers and provides all the necessary clinical and care support so that breastfeeding need not be interrupted even when intercurrent conditions arise after discharge.

2.3.5. COMMUNICATION CONTAINING GENDER MEDICINE CONTENT

Communication activities relating to Gender Medicine in 2023 included:

- 23 public-facing articles identified using the keywords in the Gruppo San Donato press review: Raffaele+gender; Raffaele+sex..
- 16 press releases containing Gender Medicine content, identified using the keywords gender and sex.
- GM news items on the OSR website: none in 2021, 2 in 2022 and 1 in 2023, identified using the keyword Gender Medicine.
- 7 GM social-media posts, with 32,081 views and reactions.
- An interview in I,WE magazine with the GEP Coordinator and OSR Institutional Representative for Gender Medicine.

External activities carried out by the Coordinator of Team GEDI and OSR Gender Medicine Representative to promote the GEP and the integration of Gender Medicine into research and medicine included:

- contributing to the drafting of the 2019 National Plan for Gender Medicine at the Ministry of Health;
- participating in the work of the Gender Pharmacology working group of the National Observatory for Gender Medicine as delegate of the Ministry of Health's Directorate-General for Research and Innovation;
- delivering training on GM/GEP topics at research centres, universities and IRCCSs;
- appointment by the Lombardy Region's Directorate-General for Welfare as a member of the technical working group on Gender Medicine.

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23 *ISS, Acute Coronary Syndromes: gender-specific features, 2023. Available at: https://www.iss.it/documents/20126/6744472/Sindromi+Coronariche+Acute+peculiarita%CC%80+di+genere+aggiornamento+13+marzo+2023+%281%29.pdf/7b971999-dc8a-4ee4-6391-4ef40cede48b?t=1684316820742*

24 *For further details: https://www.unicef.it/italia-amica-dei-bambini/insieme-per-allattamento/ospedaleamico-bambini/*

3.
The Gender Equality plan

3. THE GENDER EQUALITY PLAN

The analysis and evaluation of implementation of the OSR Gender Equality Plan 2022-2024 constituted the preliminary gender-auditing phase that made it possible to identify the objectives for this GEP 2025-2027, which were discussed and approved by the Hospital's Directorates and CEO.

The Plan includes the following six general objectives:

1. Achieve a better balance in the presence of women and men at OSR;
2. Increase awareness of gender equality and strengthen positive attitudes towards inclusion;
3. Apply Gender Medicine in biomedical research and clinical practice;
4. Combat sexual harassment and gender-based violence;
5. Contribute to individual well-being through work-life balance measures;
6. Define the GEP and monitor its implementation.

Each general objective is broken down into Specific Objectives, Actions, Responsibilities, Timelines, Monitoring Indicators and Financial Investment. The OSR Gender Equality Plan 2025-2027 contains 69 specific objectives, described in detail in the following chapters.

General Objective 1: Achieve a better balance in the presence of women and men at OSR

The actions under this general objective are intended to maintain close attention to career pathways within the organisation and to the internal activities (committees) and external activities (scientific events and research outputs) involving OSR personnel. This is made possible through annual data collection and analysis and through the application of corporate policy tools developed during the GEP 2022-2024. For example, the Policy on Equal Gender Opportunities in Committees and Working Groups aims to improve decision-making and problem-solving through more inclusive working groups and committees. Similarly, the Policy on Equity and Gender Medicine in Scientific Events aims to promote all scientific talent and excellence in biomedicine by ensuring gender balance in the faculty and scientific secretariat and by including Gender Medicine topics in scientific events. We expect that greater transparency of data and internal processes will, over time, increase the visibility of the organisation's many talented people.

Total investment: EUR 92,220

Specific objectives	Actions	Responsibility	Timeline	Indicator
1.1 Gender balance in career pathways in the Research, Healthcare and Administrative Areas	Data collection	Scientific Directorate, Healthcare Directorate, HR Directorate	Every 12 months	Increase in the underrepresented gender
1.2 Gender balance in Committees and Working Groups	Data collection	Healthcare Directorate, Scientific Directorate, Training Office	Every 12 months	Compliance with the policy and increase in the underrepresented gender
1.3 Gender balance in Scientific Events	Data collection	Training Office, GSD Communications	Every 12 months	Compliance with the policy and increase in the underrepresented gender
1.4 Gender balance in research projects, scientific publications and patents	Data collection	Scientific Directorate, Business Development Directorate	Every 12 months	Increase in the underrepresented gender

General Objective 2: Increase awareness of gender equality and strengthen positive attitudes towards inclusion

To increase awareness of gender equality and inclusion, General Objective 2 uses training, inclusion, communication, benchmarking and funding tools.
With regard to training, we will focus on Diversity, Equity and Inclusion (DEI) topics of particular importance to individuals and the organisation. The distance-learning course on recognising and addressing bias, developed under the GEP 2022-2024, will continue to be delivered. New training interventions will also be developed, delivered and monitored in relation to:

- **Leadership in High Management:** building on the Inclusive Leadership pathway for Top Management already delivered at the Hospital during the previous GEP, the aim is to broaden the group trained in inclusive-leadership models.
- **Allyship:** providing practical tools for managing situations generated by bias, in order to create a consciously inclusive working environment.
- **Mentorship:** promoting relationships among different generations in the workplace, so that personal and professional strategies useful in addressing everyday difficulties and problems can be shared.
- **Inclusive Language:** following the Guidelines on the use of inclusive language and the dictionary of roles and professions already implemented by OSR under the GEP 2022-2024, OSR staff will be trained on the importance of inclusive language in building respectful relationships with colleagues and/or patients.
- **Inclusiveness in the relationship between healthcare staff and patients:** recognising the importance of listening to and understanding patients, in addition to specific professional skills, healthcare staff will be offered training in the soft skills needed to develop services centred on people and their needs.
- **Inclusive communication:** recognising the fundamental role of communication in conveying the culture of respect and equity underpinning the GEP, a dedicated training pathway will be offered to staff working in Communications.

With regard to welcome and inclusion, we will work to make the Hospital's internal and external environments more accessible to people with different disabilities, create an interfaith space and establish breastfeeding stations. We will also consider inclusive healthcare pathways for patients with particular vulnerabilities and produce the Service Charter in different languages to facilitate access to the Hospital for people from other countries. The organisation's inclusion statement will also be added to documents shared with external individuals or organisations that interact with the Hospital, and to advertisements for vacancies at OSR.
Awareness of DEI topics is supported by an internal communication tool developed under the previous GEP called "GEP in Pills", which reaches all OSR staff by email every other week and disseminates the seeds of a culture of inclusion and respect. External communication activities on the GEP are also planned through the official OSR website, social media and press articles, beginning with publication of the GEP 2025-2027 and including posts marking awareness days (International Day of Women and Girls in Science, 11 February; International Women's Day, 8 March; International Day for the Elimination of Violence against Women and gender-based violence, 25 November), news highlighting women's excellence in the organisation, and articles raising public awareness of the importance of inclusion.
Engagement with other European healthcare organisations is made possible through participation in the WISE Community of Practice (CoP), created by the European INSPIRE project, whose objective is to exchange good practices and develop intersectional indicators for application to gender policies and Gender Medicine[23].
Finally, the intention is to activate a virtuous process for funding DEI activities through research grants that permit this type of expenditure.

23 *INSPIRE, Community of Practice. Available at: https://inspirequality.eu/*

Total investment: EUR 756,920

Specific objectives	Actions	Responsibility	Timeline	Indicator
2.1 Training on bias	Delivery and monitoring	Training Office	Monitoring at months 6, 12, 18, 24, 30 and 36	Delivery of distance learning throughout the year; monitoring of uptake
2.2 Inclusive leadership in High Management	Training included in institutional events approved in the Annual Training Plan (PFA) and reported in the GEP chapter of the PFA	Training Office	Development by month 12; delivery from month 14; data analysis by month 24	High Management leadership training in the PFA
2.3 Allyship training	Training included in institutional events approved in the Annual Training Plan (PFA) and reported in the GEP chapter of the PFA	Training Office	Development by month 21; delivery from month 24; data analysis by month 34	Allyship training in the PFA
2.4 Mentorship Programme	Development and delivery	Training Office, Healthcare Directorate	By month 12	Programme delivered; target: at least 10 mentors and 10 mentees
2.5 Inclusive Language training	Training included in institutional events approved in the PFA and reported in the GEP chapter of the PFA	Training Office	Development by month 21; delivery from month 24; data analysis by month 34	Inclusive Language training in the PFA
2.6 Inclusiveness and the relationship between healthcare staff and patients	Training included in institutional events approved in the PFA and reported in the GEP chapter of the PFA	Training Office, Healthcare Directorate	By month 14	Programme in the PFA
2.7 Training on inclusive communication	Development of a training course for Communications Directorate staff to carry out DEI communication activities	GSD Communications	By month 2	Training and support for all staff involved in communication
2.8 Inclusive welcome in Hospital spaces	Development and implementation of solutions to make spaces more accessible to people with disabilities and to create an interfaith space and breastfeeding stations	Technical Area Directorate, Operations Directorate	By month 24	- 2 baby pit stops; - waiting rooms equipped for children; - interfaith space; - improved welcome for patients with disabilities or oncology patients; - more internal parking spaces for people with disabilities; - tactile pathway
2.9 Communication of inclusive healthcare pathways	Dissemination of information on inclusive healthcare pathways	Operations Directorate, GSD Communications	By month 24	Creation of communication activities on inclusive healthcare pathways

Specific objectives	Actions	Responsibility	Timeline	Indicator
2.10 Translation of Service Charters	Translation of Service Charters into different languages	GSD Communications, Operations Directorate	Translations by month 18; dissemination by month 24	Translation of Service Charters into different languages (e.g. EN, ES, AR); dissemination of the Service Charters
2.11 Inclusion statement in corporate documents	Insertion of the inclusion statement in corporate documents	Training Office, Healthcare Directorate, HR Directorate	By month 6	Inclusion statement inserted in corporate documents
2.12 Inclusion in Job Advertisements	Insertion of the inclusion statement in vacancies	HR Directorate	Approval at month 6; insertion immediately after approval	Inclusion statement inserted in job advertisements
2.13 Internal communication on the GEP	Development and dissemination of "GEP in Pills"	Directorates	Throughout the duration of the GEP	Target: 20 pills/year
2.14 Layout and translation of the GEP 2025-2027	Layout and English translation of the GEP 2025-2027	GSD Communications	Upon approval of the GEP	Layout and translation of the Plan
2.15 GEP awareness on international days relevant to its themes	Promotion of days relevant to GEP topics	GSD Communications	Throughout the duration of the GEP	3 social-media posts for the 3 international days
2.16 Highlighting women's excellence	Communication activities highlighting women's excellence at OSR	GSD Communications	Throughout the duration of the GEP	10 examples of women's excellence/ year
2.17 External communication on the GEP	Publication on the OSR website and social media, OSR news and press articles	GSD Communications, Press Office	Throughout the duration of the GEP	4 DEI press articles/year + 6 DEI posts/year and/or news items
2.18 DEI in European healthcare	Participation in the WISE CoP of the European INSPIRE Project	Team GEDI	Throughout the duration of the GEP	Participation in the INSPIRE project
2.19 Funding for DEI	Funding of DEI activities within research grants	Scientific Directorate, Team GEDI	By month 18	Identification of grants with eligible DEI expenditure and implementation

General Objective 3: Apply Gender Medicine in biomedical research and clinical practice

Objective 3 is dedicated to implementing Gender Medicine in research activities, healthcare services, the training of healthcare personnel and communication with the public, as required by the National Plan for Gender Medicine and adopted by the Lombardy Region. The objective continues the pathway established under the GEP 2022-2024, seeking to emphasise and continue its successful actions and to improve the aspects and areas of concern identified through the auditing and evaluation of the previous Plan. In particular, we will keep the network of area representatives for Gender Medicine (GM) active in order to bring GM into every field of research and clinical practice, in accordance with the National Plan. We will support training of the scientific community in GM by distributing the "GM News" newsletter, organising internal in-person seminars and Open Lectures - webinars also open to external organisations (the Ministry of Health-IRCCS network, ISS and the Lombardy Region) - developing and delivering distance-learning modules on the application of GM in different scientific areas, and planning a GM Conference.

To encourage the application of the gender perspective in research, dedicated funds will be allocated to pilot Gender Medicine research projects. At the same time, the 2025-2027 Plan will continue the mapping of research projects, publications and Scientific Events containing gender-related content. The Hospital will also participate in the WISE CoP of the European INSPIRE network to discuss the implementation of GM using an intersectional approach.
In the Healthcare Area, work successfully initiated under the previous Plan will continue with the development of New Clinical Protocols (DTPs) that integrate the gender perspective. Data collection will also continue for the regional GM questionnaire in the Healthcare Area for the purposes of prevention, diagnosis, care and rehabilitation.

OSR's approach to Gender Medicine will be promoted by the Institutional Representative for GM through participation in regional and national working groups and events, and through public communication activities including press articles, press releases, a web page and social-media posts.

Total investment: EUR 1,222,200

Specific objectives	Actions	Responsibility	Timeline	Indicator
3.1 Keep the network of area representatives for Gender Medicine active	Activities of the interdisciplinary GM group in accordance with national guidance	Scientific Directorate, Healthcare Directorate	3 meetings/year	Organisation and implementation of GM activities
3.2 Widespread distribution of examples of GM application	Prepare and distribute "GM News" internally	Scientific Directorate, Healthcare Directorate	Throughout the duration of the GEP	Prepare and distribute news to scientific and healthcare staff
3.3 Train the scientific community in Gender Medicine	GM training seminars	Scientific Directorate, Healthcare Directorate	Throughout the duration of the GEP	10 in-person seminars
3.4 GM webinars with external stakeholders	Organise GM webinars also open to external organisations	Scientific Directorate	Throughout the duration of the GEP	3 webinars/year
3.5 Distance learning on Gender Medicine	Include GM training modules in the 2024 PFA	Scientific Directorate, Healthcare Directorate and Training Office	Throughout the duration of the GEP	Development and delivery of distance-learning modules
3.6 Organise a Scientific Conference on GM	Organisation of an in-person scientific event on GM	Scientific Directorate	By month 36	1 Conference
3.7 Fund GM projects	Allocate dedicated funds to GM projects	Scientific Directorate	By month 6	Funding of a research call for pilot projects
3.8 Gender Medicine in scientific projects	Map GM content in submitted and funded scientific projects	Scientific Directorate	Months 12, 24 and 36	Implementation and monitoring
3.9 Gender Medicine in publications	Data collection	Scientific Directorate	Months 12, 24 and 36	Description of GM publications
3.10 Gender Medicine in Scientific Events	Presence of Gender Medicine in Scientific Events	Training Office and GSD Communications	Months 12, 24 and 36	List of OSR Scientific Events containing GM content
3.11 Promote Gender Medicine at European level	Participation in the WISE CoP of the European INSPIRE Project to develop and share best practices and scientific knowledge on GM	OSR GM Representative	Throughout the duration of the GEP	Participation in the INSPIRE project
3.12 Include the gender perspective in clinical protocols	Development of 2 new clinical protocols that integrate the gender perspective	Healthcare Directorate	By month 36	Creation or updating of 2 DTPs
3.13 GM in the Healthcare Area for prevention, diagnosis, care and rehabilitation	Data collection for the regional GM questionnaire	Healthcare Directorate	Following a request from the Lombardy Region	Data collection and completion
3.14 External communication activities on GM	Promotion of GM through press articles, news and posts	GSD Communications, Scientific Directorate, Healthcare Directorate, Press Office	Throughout the duration of the GEP	8 posts, news items and press articles/ year
3.15 Promote Gender Medicine at Italian and regional level	Participation in regional and national GM working groups	OSR GM Representative	Throughout the duration of the GEP	Contributions to regional and national working groups

General Objective 4: Combat sexual harassment and gender-based violence

This Objective reaffirms Ospedale San Raffaele's zero-tolerance policy towards sexual and gender-based harassment. To prevent, identify, prohibit and continuously monitor conduct involving discrimination, harassment, violence and sexually inappropriate behaviour, and to provide support to the people reporting such conduct, the Hospital adopted the Policy on the Protection of Personal Dignity at Ospedale San Raffaele. This document also established the role of Counsellor of Trust (CoT) and defined its scope of action.

In addition to the CoT service, the distance-learning course "Recognising and addressing gender-based harassment at work" will continue to be delivered to all OSR staff, and specific training on the subject will be implemented for High Management. To maintain attention to the issue, an annual in-person event, a webinar open to all OSR staff, and awareness activities carried out by the CoT in different healthcare and research areas are planned, together with the distribution of GEP in Pills dedicated to gender-based violence and harassment.

A survey on harassment and gender-based violence will then be developed and administered to all OSR staff. It is considered that analysis of the data collected after an awareness pathway such as the one described above will provide a more accurate picture of the phenomenon and place the organisation in a position to develop targeted strategies and actions to combat such behaviour and support employees.

Moreover, in view of the size of the organisation and the prevalence of domestic violence, the Hospital undertakes to offer listening services and concrete support to employees who are victims of violence.
A final action involves installing Red Benches in the outdoor areas of the main site and Villa Turro as a symbol of the organisation's daily commitment to combating gender-based violence.

Total investment: EUR 652,280

Specific objectives	Actions	Responsibility	Timeline	Indicator
4.1 Support service for cases of gender-based violence	Counsellor of Trust	Team GEDI	Throughout the duration of the GEP	Availability and use of the service by employees
4.2 Distance learning on gender-based harassment	Delivery and monitoring of distance learning on harassment	Training Office	Monitoring at months 6, 12, 18, 24, 30 and 36	Delivery of distance learning throughout the year and monitoring
4.3 High Management training on gender-based harassment	Training included in institutional events approved in the Annual Training Plan (PFA) and reported in the GEP chapter of the PFA	Training Office	Development by month 18; delivery by month 20; monitoring of uptake at months 24 and 36	Training on gender-based harassment in the PFA
4.4 In-person training and webinar on harassment	Annual event for all OSR staff with the Counsellor of Trust	Counsellor of Trust	By months 12, 24 and 36	1 annual event
4.5 Awareness activities in the Research and Healthcare Areas	Awareness-raising against harassment in the Research and Healthcare Areas	Counsellor of Trust, Scientific Directorate, Healthcare Directorate	Throughout the duration of the GEP	Meetings with the CoT in the Research and Healthcare Areas
4.6 Corporate culture and harassment	Development and dissemination of "GEP in Pills" on harassment	Counsellor of Trust; HR Directorate	Every November throughout the duration of the GEP	Development and dissemination of pills on the topic
4.7 Survey on Gender-based Harassment at OSR	Development, administration and data analysis	Team GEDI, HR Directorate	Design by month 12; administration by month 14; analysis of results by month 18	Survey designed; survey administered to at least 70% of OSR staff; results analysed
4.8 Support OSR employees who are victims of domestic violence	Support for employees who are victims of domestic violence	HR Directorate	Implementation of actions within 12 months and throughout the duration of the GEP	Implementation of actions on the topic
4.9 Symbols in the fight against harassment	Red Bench	Technical Area Directorate / Communications Directorate	By November 2024 at OSR and by November 2025 at SRT	Installation of Red Benches at OSR and SRT; creation of two dedicated events

General Objective 5: Contribute to individual well-being through work-life balance measures

The first actions under General Objective 5 concern the collection of gender-disaggregated data on OSR staff, remuneration and access to corporate or contractual benefits, in order to obtain a clear picture of the situation and plan targeted measures.
Several policies developed under the previous GEP will be reviewed and updated where necessary, including the following:

- the Policy on the Management of 24-hour Work Shifts, which aims to optimise and plan shift schedules, facilitate a better balance between personal and working life, and promote an inclusive shift system.
- the Policy on Time and Meeting Management, which seeks to improve the management of working time, including time devoted to meetings, in order to improve the ability and effectiveness of participation by people with different needs and perspectives.

To continue promoting an inclusive working experience, OSR intends to renew the existing remote-working agreement, ensure access to corporate benefits arising from agreements with retailers, and provide communication to all OSR staff to facilitate access to the information needed to use these opportunities. The exchange of solidarity leave among employees will also be promoted and monitored.

To create a fully shared corporate culture, training and information Pills on appropriate staff management will be delivered, and a document connecting the Code of Ethics and the policies developed through the GEP will be defined, providing an overall view of human-resource management and development processes supporting inclusion and gender equality.

A number of training opportunities are also planned, including training for staff responsible for recruiting new resources, so that interviews are not influenced by bias and stereotypes, and training on the value of care activities and soft skills in the professional context.
Through the Workload Policy for OSR staff in positions of responsibility, the Hospital intends to make visible their internal and external activities, the number of assignments allocated, their influence, professional and financial recognition, and the workload represented by these duties. In particular, the objective is to ensure a more transparent organisational structure and a more equitable distribution of assignments, while supporting staff well-being.

A self-coaching pathway will be offered to all OSR staff to enhance the value of family caregiving, recognising the importance of cultural and social awareness concerning work-life balance and making clear that the organisation supports a healthy balance for all employees. This action will be accompanied by two further communication actions to raise awareness of statutory parenthood obligations and opportunities and to affirm parenthood as a shared value. To provide concrete support for parenthood, the agreement with the nursery will be renewed for OSR employees with childcare responsibilities; the organisation's financial coverage supporting parenthood will be expanded beyond statutory requirements; and work will be undertaken to protect the employment and health of pregnant women in the Research Area.

Finally, to develop effective responses to the actual needs of OSR staff, the organisation will implement an Organisational Well-being Survey under this Plan. The survey will be administered to all staff, and analysis of the data will provide a clearer and more comprehensive picture of staff perceptions of existing arrangements, their effectiveness and needs that have not yet been addressed.

Total investment: EUR 629,105

Specific objectives	Actions	Responsibility	Timeline	Indicator
5.1 Gender balance among OSR staff	Data collection	HR Directorate	Data collection at months 12, 24 and 36	Increase in the presence of the underrepresented gender
5.2 Gender balance in remuneration	Data collection	HR Directorate	Data collection at months 12, 24 and 36	Reduction in the gender pay gap
5.3 Gender balance in welfare	Data collection	HR Directorate	Data collection at months 12, 24 and 36	Reduction in the gender gap in the areas identified
5.4 Review and possible update of the Policy on "Management of 24-hour Work Shifts" and the Policy on "Time and Meeting Management"	Review and possible update of the Policies with the Directorates involved in drafting the documents	HR Directorate, Healthcare Directorate	By month 30	Review and possible update of the Policies
5.5 Remote working	Renewal of the remote-working agreement for staff	HR Directorate	Throughout the duration of the GEP	Renewal of the Remote Working agreement
5.6 Agreements with retailers and communication to staff	Renewal of agreements with retailers and updated communication to staff	HR Directorate	By months 6, 12, 24 and 36	Communication to all OSR staff concerning active agreements and benefits
5.7 Promote the exchange of solidarity leave	Data collection	HR Directorate	Data collection at months 12, 24 and 36	Monitoring of the practice
5.8 Corporate culture and human-resource management	Development and dissemination of "GEP in Pills" on human-resource management	HR Directorate	Development by month 24; viewing by the end of the GEP	Pills developed; pills viewed
5.9 Definition of human-resource management and development processes supporting inclusion and gender equality	Definition of a bridging document connecting the Code of Ethics, policies and other statements in corporate documents	HR Directorate	By month 36	Bridging document defined
5.10 Training for staff responsible for resource selection	Training/guidelines for recruitment interviews	HR Directorate	Training delivered by month 24; guidelines published by month 36	Training completed; guidelines developed

Specific objectives	Actions	Responsibility	Timeline	Indicator
5.11 Soft-skills training	Development and delivery of training and data collection	Training Office, HR Directorate	Development by month 18; delivery from month 20; monitoring of uptake by the end of the GEP	Training developed; training delivered; training completed
5.12 Workload Policy	Implementation and monitoring	Directorates	Development by month 6; approval by month 8; publication by month 10	Policy developed, approved, published and implemented
5.13 Valuing family caregiving	Training and self-coaching pathway for OSR staff to enhance the value of family caregiving	Team GEDI, HR Directorate	At month 1	Training and self-coaching pathway included in the PFA
5.14 Internal communication on statutory parenthood obligations and opportunities	Development and delivery of communications on statutory obligations and opportunities for staff	HR Directorate	Development by month 8; dissemination by month 10	Communication developed; communication disseminated by email
5.15 Communication on the value of parenthood	Development and dissemination of "GEP in Pills" on the value of parenthood	HR Directorate	Development by month 4; dissemination by month 6	Pills developed; dissemination by email and social media
5.16 Nursery agreement	Renewal of the nursery agreement and communication to staff	HR Directorate	Renewal by month 1; communication by month 3	Agreement renewed; communication via intranet
5.17 Financial support for parental leave	Expansion of financial coverage supporting parenthood	HR Directorate	By month 12	Implementation of solutions expanding financial coverage for employees with children
5.18 Protection of pregnant women in the Research Area	Protect the safety and employment of pregnant women in the Research Area	HR Directorate, Prevention and Protection Service, Scientific Directorate, Research Directorate	Throughout the duration of the GEP	Solutions for pregnancy in research
5.19 Organisational Well-being Survey	Survey development, administration and analysis	Team GEDI, HR Directorate	Development by month 24; administration by month 26; data analysis by month 34	Survey developed; survey administered to the entire OSR population; results analysed

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

General Objective 6 comprises 3 specific objectives. The first formalises the renewal of the GEDI Agent role, established under the previous Plan to ensure and monitor implementation of all actions. A further objective is intended to guarantee continuous monitoring of the implementation and progress of this Plan, in accordance with the schedules and indicators established, so that prompt action can be taken if obstacles arise. The final specific objective seeks to develop and implement the GEP objectives in harmony with the KPIs and quality system of the UNI/PdR 125:2022 Gender Equality Certification.

Total investment: EUR 205,400

Specific objectives	Actions	Responsibility	Timeline	Indicator
6.1 Renewal of the Agent	Renewal of the Agent role for GEP implementation	Team GEDI, HR Directorate	Throughout the duration of the GEP	Agent role maintained
6.2 Monitoring progress and verification of the GEP	Monitoring and data collection	Team GEDI	Design and drafting of the GEP; monitoring throughout the duration of the GEP; interim reports at months 12 and 24 and final report at month 36	Completion of GEP objectives and actions; 2 annual interim reports and 1 final report on implementation; assessment of available data at month 30 for possible redesign of the GEP
6.3 Harmonisation of the GEP with UNI/PdR 125:2022 Gender Equality Certification	Development and implementation of GEP objectives in harmony with the KPIs of UNI/PdR 125:2022 Gender Equality Certification	Team GEDI, Healthcare Directorate, HR Directorate, Training Office	Throughout the duration of the GEP	Actions for the KPIs defined and quality system implemented

4. Overall value of the GEP

4. OVERALL VALUE OF THE GEP

The overall value of the Ospedale San Raffaele Gender Equality Plan 2025-2027 is EUR 3,558,125. The total funding includes the time of OSR staff involved in the activities envisaged by the Plan and direct costs such as consultancy and the provision of training and surveys, construction work, the Counsellor of Trust, training and research in Gender Medicine, translations, and financial support for parental leave.

Total investment: EUR 3,558,125.00

LIST OF ACRONYMS

CEO: Chief Executive Officer
CAP: Commission for Appointments and Promotions
CAA: Coordinator of Area Activity Units
BoD: Board of Directors
CoT: Counsellor of Trust
CoP: Community of Practice
DEA II: Level II Emergency and Admissions Department
EIGE: Gender Equality Index
DL: Distance Learning
GEAR: Gender Equality in Academia and Research
GEDI: Gender, Diversity and Inclusion in Medicine, Research and Governance
GEP: Gender Equality Plan
GSD: Gruppo San Donato
HR: Human Resources
IRCCS: Scientific Institute for Research, Hospitalisation and Healthcare
ISS: Italian National Institute of Health
KPI: Key Performance Indicator
GM: Gender Medicine
MinSal: Ministry of Health
OSR: Ospedale San Raffaele
PNRR: National Recovery and Resilience Plan
PFA: Corporate Training Plan
RAL: Gross Annual Salary
RUF: Head of Functional Unit
SRT: San Raffaele Turro
EU: European Union
UNI: Italian Standards Body
UniSR: Vita-Salute San Raffaele University
WISE: Working towards Inclusive Strategies for GEPs

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

Gruppo San Donato