



College of Intensive Care Medicine
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GUIDELINE FOR ACHIEVING GENDER BALANCE AT CICM EVENTS

INTRODUCTION

This document outlines the steps the College will take to ensure gender balance across Continuing Medical Education (CME) activities. Speaker invitations are made to high quality researchers and clinicians that represent the broad diversity of our intensive care community. The College is committed to ensuring that contributions of all colleagues are welcomed and acknowledged regardless of gender, nationality, culture, ethnicity, religion, sexual identity or orientation.

COMMITMENT TO GENDER BALANCE AT ACADEMIC EVENTS:

The College will strive to improve female representation aiming for gender balance at all College-affiliated fora, by:

- Adopting a ‘merit *and* more women’ mindset as opposed to ‘merit *or* more women’.
- Ensuring the organising committee has acceptable female representation.
- Publishing the College’s expectations in the relevant manuals to ensure committees are well informed.
- Aiming for the following targets of female speakers at the Annual Scientific Meeting: 30% in 2018, 40% in 2020 and 50% from 2022 onwards.
- Aiming for diversity throughout all sessions, including balanced gender representation when choosing session chairs, and particularly avoiding all-male panels wherever possible.
- Publishing diversity metrics, including gender balance, for each Annual Scientific Meeting in the reports on the website and in the e-newsletters.
- Striving to invite speakers as early as possible, as women may be more likely to turn down invitations for numerous reasons (e.g. greater difficulties travelling to meetings – Schroeder 2013).
- Ensuring, where possible, that events are family friendly; this could include the provision of childcare facilities at the Annual Scientific Meeting.
- Maintaining strong relationships with organisations that can assist with achieving the College’s goals e.g. Women in Intensive Care Network (WIN).

BACKGROUND

Data show there are more male than female speakers at critical care conferences and CICM meetings are no exception (Modra 2016). The benefits of improving the gender balance among speakers at the ASM include:

- Improving the diversity of speakers leading to innovative research questions and collaborations (Mehta 2017); and
- Evidence from both the corporate and medical fields suggests that improved female representation leads to better outcomes (World Economic Forum 2014, Smith 2006, Vafei 2015, Tsugawa 2017, Mehta 2017).

A conference speaker invitation is a key professional milestone that facilitates academic networking and can lead to subsequent research collaborations and further invitations (Casadevall 2014). Seeing few or no women speaking at conferences can be a powerful deterrent to aspiring women in intensive care medicine. Improving the gender balance of speakers at conferences could also lead to improved female participation in other areas of intensive care medicine.

When considering gender balance, it is important that the subject of merit is explored. Even the most rigorous professional selection processes do not reliably assess merit (Whelan and Wood 2012). Rather, they are affected by gender bias: the unconscious assessment of a person's competence based on their gender. There are many examples of this:

- Female academic physicians are less likely to be promoted to professors than male academic physicians even after adjusting for academic productivity and experience. (Jena et al 2015, Jaggi et al 2012, Nonnemaker 2000).
- Wennerås and Wold (1997) demonstrated that a female applicant for national scientific grants in Sweden needed the equivalent of three additional first-author publications in *Nature* to obtain the same score as a male applicant.
- Ross-MacCusin (2012) demonstrated that men were more likely than women to be appointed to hypothetical science faculty positions, despite having identical curriculum vitae.
- Explicitly aiming to select people based on 'merit' alone can amplify rather than diminish the effect of gender bias (Castilla and Benard 2010).
- Gender bias is a leading cause of persistent gender gaps worldwide, including educational attainment, economic and political participation and health outcomes (WEF 2016).

The targets stated here are voluntary, they are not quotas and there are no penalties attached to them. Nonetheless, the College has adopted these targets in recognition of the fact that targets are effective drivers of change (Whelan and Wood, 2012). Aiming for proportionate representation (i.e. same percentage of female speakers as there are female Fellows) simply perpetuates the status quo.

Targets address the impact of unconscious gender bias on speaker selection, as merit-based appointments are affected by gender bias. There is a widely-held view that targets and quotas are anti-meritocratic, but there is no evidence that women appointed under these are less competent or perform less effectively than the men they have replaced or women appointed under processes without targets or quotas (Whelan and Wood 2012). Gender-based targets may increase the competence of selected candidates as has been demonstrated in the literature (Besley 2013).

The College is committed to fairness, diversity and equity in academia and across the speciality of intensive care medicine.

This document was prepared in collaboration with the Women in Intensive Care Network (WIN) (<http://www.womenintensive.org/>).

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