

ESC POLICIES

ESC GENDER POLICY

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I. Acknowledgement

The ESC is extremely grateful for the time its volunteers devote to ESC activities and always makes the most responsible use of it.

II. Introduction

The European Society of Cardiology (ESC) is dedicated to reducing the burden of cardiovascular disease and improving the standards of care offered to patients with cardiovascular disease. To accomplish this mission, the ESC provides support for a variety of activities in research, education, training, and advocacy.

The ESC recognises that a wide gap continues to exist between the representation of women and men within the ESC and its constituent bodies. Among the reasons for this inequality between women and men are early family perceptions of male leadership, school systems, religious practices, sexuality, expectations regarding family responsibilities and other traditional societal roles, as well as perceived abilities. These barriers inhibit the engagement of women in the ESC. With the present policy proposal, the ESC intends to reinforce its commitment to providing gender-unbiased education, training, research, advocacy, and equal access to all ESC activities.

Women are underrepresented in cardiology in general, and particularly in cardiology leadership positions. According to the 2020 Physician Specialty Data Report, only 15% of adult cardiologists in the USA were women, and cardiology was ranked 39th of 47 specialties in the percentage of active women physicians.¹ Other reports from the past decade have shown that the editorial boards of medical scientific journals, including cardiology journals, include far more men than women.^{2,3} In the European Union, women account for half or more of medical graduates, yet females account for only between 5% and 25% of senior academic posts and cardiologists in decision-making positions.⁴

Cardiology is a large specialty within medicine. The proportion of fully trained female specialists (13%) and specialist trainees (28%) is amongst the lowest across medical specialties. In the ESC (ESC Board and committees), there is currently an approximately 30/70 female/male representation (Figure 1) excluding the ESC journal editorial boards where the gender gap is larger (Figure 2).

By now, the vast majority of universities, research institutions and funding bodies worldwide have established initiatives of gender parity. Acknowledging inequalities within the ESC – and more generally in cardiovascular medicine – the ESC leadership has appointed a task force to develop an ESC gender policy to define goals and clear recommendations to advance equality for women within the ESC. The document is mainly written as an ESC policy but will be offered as a template for national cardiac societies. The policy will be reviewed regularly for its effects within the ESC, making it a living document.

Our priority is to address the systemic biases and institutional barriers that limit the full, equal participation and representation of women in the ESC and more widely in cardiovascular medicine/science. While this task force is recommending numerical targets which it believes are a useful tool to help achieve equal representation and participation of women, the task force also recognises that such targets are not a goal per se and that other barriers exist. It is not just the quantity of the roles held by women that is important, but also their quality and influence.

III. Guiding Principles

Greater Representation of Women in the ESC

- **Principle 1.** The integrity of the ESC and its scientific, educational, and advocacy activities will be strengthened by reducing bias arising from gender inequality.
- **Principle 2.** There is a need to encourage and promote women at all levels of career pathways in cardiology and all areas of cardiovascular medicine and science⁵ – from the initial choice of cardiology or another cardiovascular specialty to the achievement of leadership roles within the professional community. The ESC recognises the many cultural, societal, and other barriers that prevent women from engaging and that these factors lead to an inherently higher threshold for women accepting leadership roles⁶ – I,e, a perfectionist attitude that creates doubts about being able to carry out the task according to self-imposed requirements.⁷
- **Principle 3.** Women and men should be treated equally with defined and transparent criteria for any appointment within the ESC, its associations, working groups, and councils. However, while the societal role of females – for example, as mothers – should be taken into account when lifetime female achievements are reviewed, sex alone should not automatically qualify them for an ESC role.
- **Principle 4.** ESC policies are congruent with the general positions of the European Institute for Gender Equality to: **a)** promote female leadership; **b)** provide mentorship, including training and support of mentors and mentorship engagement groups; **c)** facilitate education on gender equality; **d)** monitor and support the career advancement of female cardiologists and other cardiovascular specialists; and **e)** promote diversity and female inclusion in relevant roles. The ESC subscribes to the definition of mentoring according to the European Institute for Gender Equality: ‘...a *sheltered relationship that allows learning and experimentation to take place and personal potential and new skills to flourish through a process in which one person, the mentor, supports the career and development of another, the mentee, outside the normal superior-subordinate relationship.*’ (<https://eige.europa.eu>)
- **Principle 5.** Understanding the impact of sex and gender on cardiovascular biology and medicine is relevant in clinical research. This relevance extends to all phases of biomedical research including preclinical research, ESC leadership, corporate identity, ESC publications, congresses, and educational activities, as well as the creation and dissemination of scientific statements and guidelines.

IV. Policies

1. Appointed Positions within the ESC, Associations, Councils and Working Groups

a. General considerations

Approximately 1,500 individuals hold appointed or elected volunteer positions across the ESC. This includes involvement in the ESC Board and committees, association boards (7) and committees, working group nuclei (15), council boards (7) and nuclei, as well as numerous task forces (4–5 per year) including those dealing with ESC Clinical Practice Guidelines, as well as writing groups for scientific documents and journals (13).

b. Specific policy proposals

- As an immediate first step, at least 40% of all ESC-appointed positions should be allocated to female cardiologists and cardiovascular scientists, with the goal of equal representation as soon as possible.

- This 40/60 quota should apply to all boards, committees, task forces, and study groups of the ESC amongst others, as well as its subspecialty groups (associations, working groups, councils) with no exceptions.
- The 40/60 quota should also apply to the appointment of future editorial boards of ESC journals pending equal representation.

2. Elected Positions within the ESC and Its Subspecialties

a. General considerations

The general assemblies of the relevant ESC entities hold votes to elect a relatively high number of positions such as for the ESC Board (President-Elect, Treasurer/Secretary, Councillors, Vice-Presidents); ESC Nominating Committee; part of the ESC Audit Committee; as well as executive committee positions within ESC Associations and nuclei of ESC Working Groups and ESC Councils.

b. Specific policy proposals

- Women should comprise at least 40% of nominees for elected positions that are to be filled.
- The 40/60 quota should also apply to the nominating committees.

To achieve gender equality for appointed and elected positions, the ESC (as a whole) should promote leadership by:

- i. approaching women proactively at all levels of ESC engagement, taking into consideration their inherent hesitation to accept such offers as a principle of productive work;
- ii. embracing shared positions and joint working arrangements for men and women;
- iii. actively encouraging women to apply for positions of responsibility and encouraging ESC Members in leadership positions to promote female colleagues who may be suitable for such positions (ESC Grants/Fellowships dedicated to women, ESC Awards, and ESC Named Lectures – e.g. Florence Nightingale Lecture – are examples of measures that encourage the participation of female cardiologists and cardiovascular specialists.)
- iv. establishing a Young Female Leaders Programme to identify potential future leaders in the early stages of their careers and to provide them with the skills that will help them excel in future leadership positions; (This program will provide a special track for women who seek leadership positions after career breaks – e.g. periods of parental responsibilities.)
- v. advertising for women in cardiology and other areas of cardiovascular medicine – including subspecialties – at local and national levels, on panels, in ESC journals, as well as at lectures and conferences; (Such advertisements might include pictures and quotes of successful women cardiologists endorsing a career in cardiology.⁸)
- vi. supporting national societies to establish inclusive policies in their organisations, hospitals, universities, and journals in countries where they are located.

To achieve gender equality for appointed and elected positions, the ESC (as a whole) should promote mentorship by:

- i. promoting and supporting strong female mentors (#shedeforshe); (e.g. Coaching programmes that pair women residents with female faculty coaches have been successful in various American institutions.⁹)

- ii. promoting and supporting strong mentorship by male mentors (#heforshe);
- iii. offering formal mentoring arrangements for females who desire such a sponsorship, which has been defined as having a mentor with 'significant organisational influence, willingness to advocate for protégées and to provide competitive assignments (and) leadership opportunities¹⁰. A long-term formal relationship between mentor and mentee may help to develop female ESC volunteers into leaders – e.g. shared leadership positions between male and female volunteers.)

To achieve gender equality for appointed and elected positions, the ESC (as a whole) should promote education by:

- i. supporting activities such as those of the non-profit organisation 'Women as One' that seeks to promote gender equality in medicine/cardiology, including leadership of clinical trials; (e.g. The CLIMB 2022 program of Women as One invites female physicians to register for free on their website and to join the organisation's talent directory @ <https://womenasone.org/climb/2022-program.>)
- ii. providing courses on radiation safety, negotiation skills, leadership skills, etc.

To achieve gender equality for appointed and elected positions, the ESC (as a whole) should promote career advancement by:

- i. acknowledging institutions/departments that achieve more than the 40/60 quota of female leadership roles;
- ii. raising awareness in cardiology institutions for equality in hiring, compensation/pay, and promotion of female cardiologists, cardiovascular scientists, and other cardiovascular specialists across all positions;
- iii. providing equal opportunities for females to join any subspecialties and by advocating flexible career paths and international training opportunities in all areas, including interventional cardiology and electrophysiology;
- iv. encouraging its journals and social media to discuss gender balance and gender-related issues openly.

To achieve gender equality for appointed and elected positions, the ESC (as a whole) should support diversity and inclusion by:

- i. promoting the active recruitment of women in cardiology, cardiovascular biology, and medicine leadership positions in Europe;
- ii. encouraging cultural change, reducing gender bias, showing flexibility, providing societal guidelines, and making efforts to provide female equality in ESC activities;
- iii. maintaining a task force on gender balance to ensure surveillance of the implementation plan (Section V) and by providing regular progress reports.

3. Gender Issues in Cardiovascular Research

a. General considerations

There are wide-ranging data illustrating the need to proactively support women in cardiology and cardiovascular medicine, as per the examples below.

- Women are underrepresented as lead and co-authors, principal Investigators, and key opinion leaders in cardiovascular science.¹¹⁻¹⁴
- Women are underrepresented as key authors or investigators in both preclinical¹⁵ and clinical studies,¹⁶ including randomised controlled trials.^{11-14, 17}

- Women are underrepresented on editorial boards of cardiovascular journals.³
- Female researchers are cited less often, leading to a lower h-index.¹⁸
- Female researchers receive less online attention based on Altmetric Attention Scores.¹⁹
- The average journal Impact Factor of papers published by women remains lower as compared with the Impact Factor of male researchers.¹⁹⁻²¹
- Women are also less likely to win high-status research and other professional awards²² (e.g. the ESC Gold Medal Award).
- Women have lower success rates in winning grant funding.¹²
- Compared with men, women are less often leaders of industry-sponsored clinical trials and investigator-initiated trials.^{14, 17}
- Fewer women than men present pivotal, practice-changing trial results at scientific meetings.²³
- Women are underrepresented as study participants in cardiovascular trials.²⁴
- Female study participants are underrepresented in the majority of male-led clinical trials.^{14, 25}
- There may be an association between the sex of the principal investigator and the proportion of women recruited into trials.^{13, 17, 25}

b. Specific policy proposals

A. ESC Congress and subspecialty congresses

- ESC to maintain a blinded review process for abstracts for ESC scientific congresses.
- ESC to adopt a 40/60 quota for female participants in the Scientific Programme Committee (see Section III).
- ESC to ensure equal numbers of female and male abstract reviewers.

B. ESC journals

- ESC to prioritise the inclusion of women as editors, editorial board members and reviewers in ESC journal roles.
- ESC to implement a blinded review process for manuscripts submitted to ESC journals.

C. Grants and funding

- ESC to initiate and support collaborative research²⁶ involving women.
- ESC to involve a 40/60 quota of women when answering EU calls.
- ESC to promote mentorship programmes for female physician-scientists, female professionals in cardiovascular medicine, and female cardiovascular researchers. Downstream benefits may include the development of experienced and accomplished women investigators and mentors in cardiology, as well as increased enrolment of women in clinical trials.
- ESC to develop dedicated research prizes for outstanding women in basic and clinical cardiovascular research.
- ESC to support female proficiency in English by providing courses and by facilitating international exchanges with supporting scholarships.
- ESC to prioritise basic, translational, and clinical research into sex differences²⁷ for funding, and to encourage reporting of sex-specific results.¹⁵

4. Clinical practice guidelines and position papers

- ESC to adopt a 40/60 female/male quota in the appointment of members to the Committee on Clinical Practice Guidelines (see Section III).
- ESC to adopt a 40/60 female/male quota for first authorship of position papers produced by the ESC and its constituent bodies (e.g. working groups, associations, councils – see Section III).

5. Office for Gender Representation

The task force recommends that a standing committee/advisory board on the representation of gender should be established by the ESC (Office for Gender Representation).

V. Processes

1. Education/Awareness

To ensure that sensitivity to gender equality becomes intrinsic to ESC culture, the following measures will be implemented.

- A timetable will be issued for implementation of the proposed benchmarks of female representation within the ESC.
- A gender policy statement is to be included in all ESC publications – e.g. guidelines, position papers, and congress reports.
- Annual reports will be issued about gender equality at the ESC Congress and subspecialty congresses and will be distributed at the ESC General Assembly, as well as posted on the ESC website.

2. Administration

To deal with the review and evaluation process, the ESC will establish an Office for Gender Representation which will be responsible for ensuring the auditing of the gender-policy implementation. The task force or its individual members could take on this responsibility until barriers to equal gender participation are eliminated.

3. Enforcement

Cultural change is already taking place and leading to improvement in gender balance. However, adoption of this new policy will be audited to ensure compliance: significant violations will be highlighted and, if needed, measures will be developed to enforce the policy.

While the ESC will openly promote its principles, it will not force them on others outside the ESC who have not yet achieved gender equality. For example, if ESC participation is requested in committees/congress sessions/writing groups etc. where female representation is not balanced, the ESC will not decline attendance, but will draw attention to the gender imbalance – e.g. by sending female ESC representatives.

4. Oversight

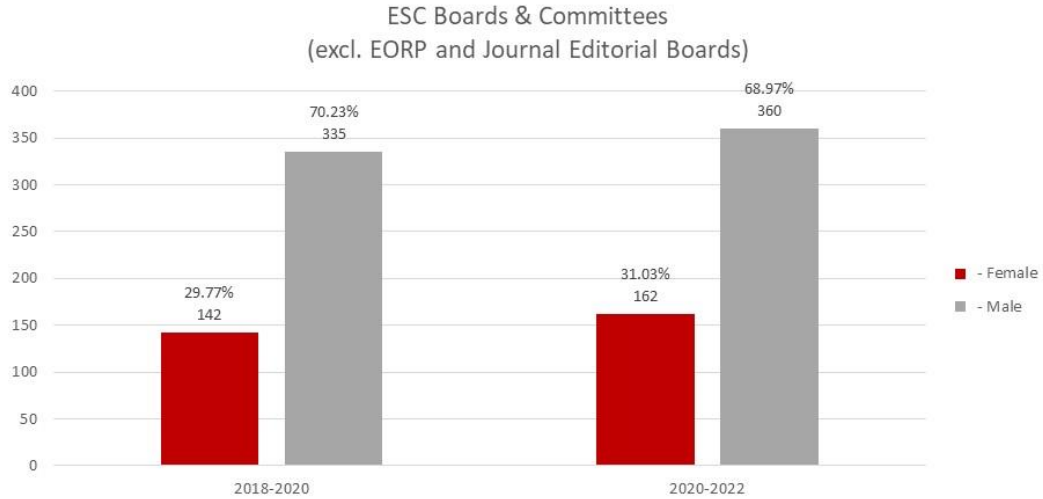
An annual report will be prepared and published in the European Heart Journal, and an extract will be included in the ESC Annual Report distributed at the ESC General Assembly. Before publication, the report will be presented to the General Assembly of the ESC at its annual meeting.

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VII. Figures



EORP = EurObservational Research Project.

Figure 1. Gender split for the 2018-2020 and the 2020-2022 ESC Boards and Committees.

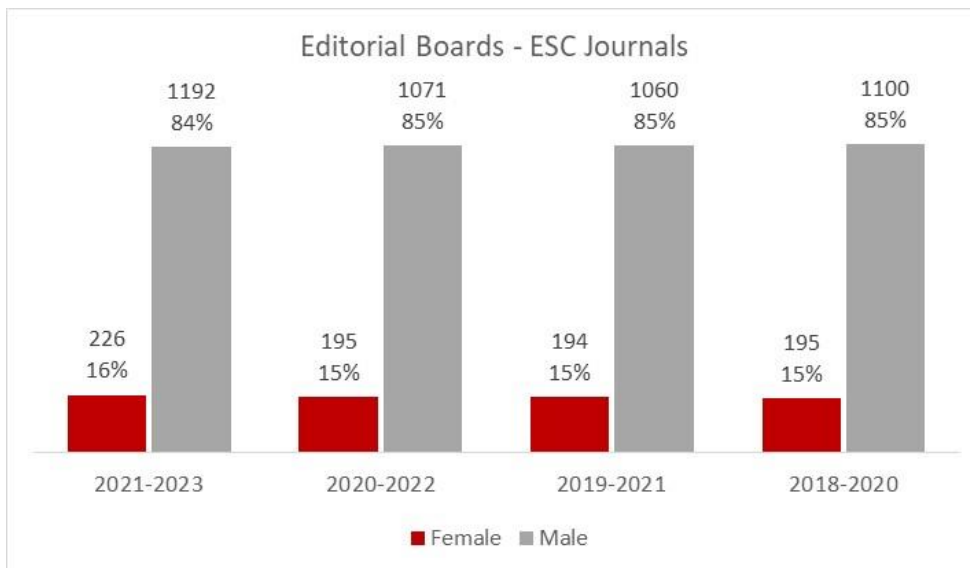


Figure 2. Gender split for the ESC journal editorial boards excluding *ESC Heart Failure*, *European Heart Journal – Case Reports*, *e-Journal of Cardiology Practice*, *EuroIntervention*.

VII. Task Force Members

This ESC policy was developed under the leadership of Prof. Stephan Achenbach, 2020-2022 ESC President and was chaired by Prof. Irene Lang and Prof. Stephan Windecker, illustrating the intention to have a balanced gender representation. The following Task Force members contributed actively to the preparation and draft: Dr. Margarita Brida, Prof. Julie De Backer, Prof. Marc Dweck, Dr. Tom De Potter, Prof. Catherine Gebhardt, Prof. Alessia Gimelli, Prof. John J V McMurray and Prof. Tanja Rudolph.